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A RARE MANUSCRIPT OF CHEVALIER TAYLOR, THE ROYAL OCULIST, WITH NOTES ON HIS LIFE

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THE LIBRARY, ROYAL COLLEGE OF SURGEONS OF ENGLAND,

LONDON

ENGLAND in the 18th century has been called the " Paradise of Quacks." Men and women of little or no education set themselves up as masters of difficult branches of the medical art and flourished exceedingly, trusting to a brazen impudence to carry them through the intricacies of a science which few of them understood. Hogarth, in a satirical picture, " The Arms of the Undertakers," perpetuates some of these quacks, the most prominent being Ward, Mrs. Mapp, and the Chevalier Taylor. " Spot " Ward, formerly a footman, invented a pill and drop, and was called to see the King, who, in spite of the quack's treatment, recovered his health : Ward received the thanks of the House of Commons and was given leave to drive his carriage through St. James's Park. A clause in his will is evidence that he was conscious of his great value to King and State, for he modestly desired " to be buried in front of the altar of Westminster Abbey, or as near the altar as might be."

The centre figure in the engraving is that of Mrs. Mapp, or Crazy Sally, the termagant bone-setter of Epsom. She has been termed " a drunken female savage " whose strength of arm was equalled

only by her strength of language. Her journeys to London " to attend the joints of the nobility " were made in a chariot drawn by four horses, with servants wearing special liveries. In spite of her success she died at her lodging near Seven Dials so miserably poor that the parish was obliged to bury her. On the left of Mrs. Mapp is a figure holding a cane with an eye let into the handle to denote the occupation of its owner. This is the Chevalier Taylor, the subject of these notes, who was a shrewd man of the world, endowed with a handsome appearance and distinguished air, which imposed upon those who were unable to penetrate the showy surface that concealed a mendacious quack of unblushing effrontery. He wrote many books and pamphlets and had a selection of them translated into various languages, but apparently the only manuscript to survive, except for a letter to Sir Hans Sloane in the British Museum, is that relating to the case of Princess Naryshkin, a member of the Russian Royal House, which will be described at the end of this paper.

Taylor informs readers of his book that he first saw the light at Norwich, which town, he thought, may one day become famous on that account. It was in that city, he says, " that my mother became acquainted with my existence, and heard the news of the birth of her first dear son "; but he does not think it necessary to put a date to this tremendous event. He claimed to be of noble birth not only by descent but also by virtue of the qualities with which he was endowed. However this may be, it is known that his natal day was August 16, 1703, and that his father was a surgeon highly respected in Norwich, who was so gravely dignified in appearance that his neighbours imputed to him supernatural knowledge, often consulting him as a conjurer when they suffered disaster or loss. His mother was an apothecary, thus it happened that Taylor's early years were spent in an atmosphere of general practice.

In 1722 he became assistant to an apothecary in London, and, according to his book, studied under Cheselden, giving special attention to the eye and its diseases. In this connection he does not square with Johnson's definition of a quack as " a boastful pretender to an art he does not understand," but he brought upon himself the odious name by his bragging words and irregular methods, which could not be tolerated by the medical profession. Dr. Johnson said " Taylor was the most ignorant man I ever knew," which seems to dispose of his implied claim that he was educated at Cambridge University. This criticism of Johnson's had not lost its sting many years afterwards, for the Chevalier's

JOANNES TAYLOR MD. IN OPTICA EXPERTISSIMUS
MULTISQUE IN ACADEMIIS CELEBERIMIS SOCIUS
Effigiem Taylor. Iuvi qui demissus ab alto est,
Turba alias expecta Iuvenis, ecce vocat.
Hic maculas tollit, Cataractas dispersit omnes,
Limpidum splendens excutit ille jubar.
Mirandâ privat subitâ ophtalmiâ quos vult
Artifici dextrâ gutta Serena dedit
Ecce Virum Cujus Conspiciuntur tamquora Luxu
Nomen, cui laudes Secula longa canant

Frontispiece to the Royal College of Surgeons' copy of the "Travels and Adventures of the Chevalier John Taylor."

(Hogarth)

ARMS OF THE UNDERTAKERS

grandson retaliates in his " Records " by alluding to the great writer as " that literary hippopotamus."

Taylor's academical education was questioned by Mr. C. H. Cooper, a former Town Clerk of Cambridge, who had apparently been unable to substantiate the statement, for he wrote in 1855 to *Notes and Queries:* " This person says he was educated in this university but his extreme ignorance renders it rather doubtful." Further, the present Registrar kindly informs me that no trace of Taylor is to be found in the University records. But in fairness it should be pointed out that Taylor's actual words were " When I was at Cambridge I met Dr. Desaguliers " ; he leaves the unwary reader to infer the University.

For a short time Taylor practised in Norwich but he was soon in conflict with other medical men of the town, who called him an empiric and said of his alleged discoveries " If 'tis his Own, 'twill not bear the Light; if 'twill bear the Light, 'tis not his Own." In the preface to his first book he complained that as soon as he settled in Norwich he was surrounded with calumny, and that a " Party " was raised against him. In the same place he criticised his tormentors in terms that could not fail to render him still more unpopular. " These people," he says " are Dully grave, insipidly serene and carry all their Wisdom in their Mien. . . . An Awkard Saint-like Behaviour, a Solemn Gait, an Hypocritical Elevation of the Eye, and an Affected Religious Grimace, is sufficient to set a Man at the Head of his Profession. Their Pretence to Religion . . . the Canting Custom of Asking a peculiar Blessing on every Thing they undertake, is because they know their Skill will stand very much in Need of it."

He goes on to tell a libellous story of another of these practitioners " some small distance from this place " who, having kept a lady in torment several years, left her as bad as he found her. On being asked why he had failed to cure her when a young surgeon was able to do so in 14 days, he replied after much pressing, " She had money " !

Taylor published his first book, entitled " An Account of the Mechanism of the Eye," in 1727, when in his 24th year. This work, he says, received the favourable notice of Desaguliers, who advised the young author to become a specialist in ophthalmology, since there was wanting in the world a man familiar with the whole of the human economy who would apply himself to the eye and its diseases. In view of the strained relations in his native city, and knowing that any error in his practice would be pounced upon by his enemies, Taylor decided to act on this advice and seek fortune elsewhere. Desaguliers, " that great and good man," is supposed to point out that as a travelling oculist a continual supply of " subjects " on which to practise would be assured him until

perfection in the art was attained. Moreover, instead of being bound to imitate others, he could be a free-lance and operate according to his own theories, being kept informed by secret correspondence as to the results of his previous activities. It is also naively suggested that a frequent change of scene would be essential in order to escape the consequences of possible unfortunate results.

Thus he began his career as an itinerant oculist, in the course of which he acquired many honorary foreign degrees, as M.D. of Basle, Liège, Cologne, etc., which made an imposing array in his advertisements. For upwards of thirty years he travelled over Europe, visiting all the sovereigns of the least importance, from whom he received many marks of esteem, including, perhaps, the title of " Chevalier." He introduced himself to eminent men of all countries and speaks of being on good terms with Boerhaave, Winslow, Hunter, Monro, Linnaeus, and Haller, " who " he says " has taken extraordinary pains to recommend me to the favour of the public in his writings." He journeyed a hundred leagues to see Metastasio, " that no great man might escape me." He also declares that he was in the confidence of the Pope himself and describes a conversation between them:

Pope. " I can see to read without glasses. Would you be sorry if all eyes were like mine?"

Taylor. " I should be very sorry."

Pope. " How?"

Taylor. " Because though Heaven gave you good eyes that you might see that all was right; yet the same Providence made me what I am, and knew that I must live; and I hope that your holiness will not blame me for praying for my daily bread?"

Pope. " These things, my son, concern this world only."

Taylor. " It is for this world only that I have said these things, for here is my present business."

His purpose in cultivating the acquaintance of eminent people was to introduce himself into the best society and through them to be recommended to royalty itself; thus he gained an advantage over " those contemptible dablers " as he termed his brother quacks, whose practice was confined to treatment of the common people. To be invited to exercise his art on kings and queens appears, in his view, as a proof of their high regard for him, but it may be said that it was rather the result of his duplicity. The only surviving letter from his pen shows an attempt to insinuate himself into the esteem of Sir Hans Sloane. I have been able to copy from the original in the British Museum, and as the letter has

escaped the notice of biographers, it may be allowed a place in this memoir.*

In the " crisis of his grandeur " he travelled in an impressive manner with two coaches and six black horses, five of which were said to be blind in consequence of their master having exercised his skill upon them. Ten servants in livery, besides gentlemen companions, all paid by himself, were also included in the equipage. It is said that his coach was painted over with eyes and bore the motto " Qui dat videre, dat vivere." His arrival at a town was accompanied by a shower of leaflets, and preliminary notices in the press prepared the people to behold " a man, who not only while living is admired by the whole of Europe, but also after his death may attain a distinguished place in the history of learning. . . . An Englishman without being addicted to drinking, and without a preconceived, flattering opinion about his nation. A Doctor without ostentation, he has earned a harvest of blessings from the poor for his good deeds." One of the more elaborate advertisements† sets out his works, degrees and honours, patrons, and testimonials. He was unequalled in the art of beating the big drum and his efforts to sell his " wares " are not surpassed by the pushing commercial of to-day. This preliminary boosting ensured an abundance of patients when he appeared on the scene. At Amsterdam in 1751, one hundred and seventy people sought Taylor's advice on the day of his arrival, and at Rouen in 1743 it was necessary to have the door of his lodging guarded by soldiers because of the importunity of the people.

Sometimes, however, he was mobbed for quite another reason. In " An Epistle to a Young Student at Cambridge " a footnote says that going through Canterbury in a stage-coach, a great crowd of people, whose friends had been under his hands, were gathered together, threatening revenge upon him. But having notice of the danger he told the other passengers that there were such numbers of people wanting his assistance that he should. . . . The remainder and interesting part has been cut away by the

* SIR,—The inclosed are from Lynn, and Norwich. The physicians of the first Class in the Countrey (who have thought me worthy their acquaintance) having wrot Letters in my favour, to their correspondents in Town, particularly to Dr. Mead, Dr. Arbuthnot, etc.—and also at Cambridge, particularly to Professor Saunderson—Smith —Green—etc., I entreat leave to inform you, that if by these, or any of my future endeavours, I should be so happy as to acquire your Esteem; a new Life would be given, to all the pleasing Views, of Sir, With great respect/ Yr Obdt humble Servt/ Jno Taylor.

P.S.—Having entirely finish'd my progress thro' great Britain, and Ireland, (to which only I owe every part of happiness I now so evidently enjoy) I intend this week for Paris; and with permission will pay my duty, before I leave Town—The hour you please to appoint, I'll wait on you.

† The distribution of trade circulars by quacks has for long been part of their armamentarium. The circular of Johann von Tokenburgh, the oldest known, is dated October, 1470.

binder, but the adroit Taylor may be trusted to extricate himself from such an obvious scrape as this. The incident explains why the oculists of that time were " itinerant," and why a considerable interval was allowed to elapse before visiting the same place a second time.

In the face of Taylor's wonderful array of instruments glittering with gold, his portfolio of testimonials, and a striking collection of 150 to 200 pictures of eye diseases painted on glass and copper, about which he would lecture so learnedly, who could doubt that here at last was one who would open the eyes of the blind and clear the sight of them with dim vision? Certainly not the poor peasant, who, out of goodness of heart, he offered to treat free, but from whom he turned away to attend a person with a fee to give. This side of his character was emphasised in a ballad opera called " The Operator," published in London in 1740. Taylor appears as Dr. Hurry, an oculist; the scene is the hall of a doctor's house. The patients gathered there have heard that he does not take fees—but there is a secretary who " holds out the palm." This individual is reminded of the promise of free treatment by a woman who has nothing. " It makes no difference at all " he says, " but the Doctor is too busy this morning with 13 lords and dukes." The Doctor's motto is " Get money honestly if you can; however, get money."

A supposed blind man is led in and Dr. Hurry is begged to give an honest opinion for once; he says the case is hopeless. In the last scene the Doctor invites his duns and creditors into a tavern, then decamps and leaves them to pay the bill. The pawnbroker seeks to console the others by singing

> " But let us be gay, and our losses despise,
> And rejoice that we've safely escaped with our eyes."

The incident of the bill may have been founded on fact, for Taylor is said to have given a ball at Dresden, during which he taught the ladies the English contre-dance, changed his shirt twenty times, and tried to depart without paying the bill.

He charged large fees for small services and was rapacious when dealing with wealthy patients. Sir William Smyth was clever enough to make a bargain with Taylor for 60 guineas if his sight could be improved. An operation was successful and Smyth was able to see till the end of his days, but pretending that he had derived no benefit obliged Taylor at last to accept 20 guineas in settlement of his claim. He expected a substantial fee for curing a number of ladies in a convent but was presented instead with an image of the Virgin, which fortunately he was able to accept with an appearance of reverence that concealed his real feelings. On another occasion a wealthy man gave a silver statue of himself to

our Lady of Loretto in return for Taylor's services! The latter's speech of thanks has not been preserved.

At an early stage of his career his ability was questioned and his discoveries adversely criticised. Yet it is admitted that he evinced considerable skill in his operations, which were performed in the presence of a brilliant circle of chosen people. Taylor's grandson was assured by Sir Walter Farquhar that his manual dexterity appeared like the touch of magic, and he may be said to have been born with a genius for his art. On the continent the opinion of the leading surgeons was divided. Marteau of Amiens saw him operate " d'une main aussi légère que sûre." König and Gesner referred to him in favourable terms, and Haller called him " a skilful man, but too liberal of promises." Mauchart of Tübingen said " Let him give up the claim (which stirs the saliva of the vulgar, the bile of the learned) that he has remedies for all diseases." Heister said that he had little success in Amsterdam and rendered many people blind.

The French author Caqué met Taylor at Rheims in 1765 and learned with surprise that he had been called to Canon Favart, one of his own patients, who suffered from cataracts and corneal ulcers. To see how Taylor would treat the case, he accompanied him to the Canon's house, and on arrival Taylor took a little gold instrument, with ends fashioned like a file, and passed it into the lower part of the conjunctival sac. He then drew a bandage of black taffeta from his pocket with which he secured a cold compress applied to both eyes and said, " It is all over, you shall see to-morrow." So saying, he opened the Canon's shirt-collar, placed his thumb on one jugular while an assistant compressed the other, and, with the utmost dispatch, bled the poor Canon who, not knowing which saint to beseech, cried to Caqué for help. When the latter remonstrated with Taylor because of his hasty treatment the answer was, " I work for results, and if I tell patients what I am about to do they would not have anything done at all." This reason did not satisfy Caqué who thought him extraordinary and " beaucoup plus charlatan qu'habile."

Taylor describes the case of a handsome lady of the court whose eyelid was so injured from burning that the lower lid had fallen down, leaving part of the eye uncovered, a condition which Taylor assured her he could remedy. Retiring with the lady into a private room he dissected a piece of skin from the muscles near the lesser angle of the eye, during which the patient often cried out "You hurt me! You hurt me!" And Taylor as often answered, " Remember, Lady, Beauty! Beauty! and with this charming word 'Beauty' she kept her courage to the end of the operation," which consisted in drawing the edges of the wound together with sutures. A small plaster being applied over the wound he led the lady back to the

courtiers in the palace whom she had left but a short time before. Seeing her thus changed " they were astonished and looked as if the business had been done by some miracle."

Another case concerned a lady of distinction who had a defect of the upper eyelids so that in order to see she was obliged to throw her head back or raise her eyelids by her own hands. " I soon fixed the lady's eyelids like those of other people by my well-known methods of curing this defect, which is by removing part of the eyelid and sewing the lips of the wound delicately together."

For squint, Lecat of Rouen, an eye-witness, says that Taylor took up a fold of conjunctiva by means of a silk suture, cut it off with scissors and clapped a plaster on the sound eye. The squinting eye came straight " et chacun criait miracle." When asked the reason for this procedure he said that the over-powerful muscle must be weakened, and this he did by dividing one of its nervous filaments of supply. Taylor promised to teach Lecat his methods and to demonstrate the nerve filament that he was supposed to divide. Lecat haunted him for three days and soon saw through his pretensions. " Je sus mon homme par coeur dès le premier jour." One day at dessert a dish was brought in and placed before Taylor. The cover removed, a human head was revealed, cleft from forehead to neck, and carefully dissected as to the eyes by the astute Lecat, who requested a demonstration of the elusive nervous filament. To Taylor the head was " une vrai tête de Meduse," he could not show what did not exist, and for once his glib tongue failed him; he could only sit dumbfounded while Lecat lectured him on his quackery.

In 1744 the following exposure appeared in the *Scots Magazine*. " Whereas one John Taylor, has inserted in the newspapers of this city advertisements stuffed with gross injurious falsehoods—We, the President, Censors, and Fellows of the Royal College of Physicians in Edinburgh, declare that not one of the Professors of Medicine in this university ever attended a single lecture of his. Some of our number were present out of curiosity and they report that his lectures were exceedingly trifling, and his operations attended with indifferent success. The sight of many was made worse; he promises cure to incurables, and is oppressive with fees. Our object in this declaration is to prevent people in other places which he threatens to visit, from being imposed upon." Resentful at first, Taylor soon gave up retaliation and adopted the pose of injured innocence. Later we find him dedicating a book to the President and Fellows of the College that exposed him, which shows him possessed of at least one essential of the successful empiric—a skin of the pachydermatous order. His own view would doubtless be that because of his superior intellect and endowments he could ignore such a petty circumstance as an exposure by a Royal College.

In 1749 the chief medical men of Amsterdam sent a notice in French and Dutch to the newspapers describing Taylor as a quack. His results on a previous visit to the city 15 years before had been disastrous. Another unfavourable critic was Guèrin, who in 1770 said " When he performed an operation ' il chantait victoire, il criait miracle.' He then bandaged the eye, collected his fee, left orders that the eye was to remain covered for five or six days, and himself departed on the fourth."

He suffered yet another set-back at the hands of the King of Prussia, though the story, as related by Taylor, shows him turning the tables and emerging, as usual, in triumph. In 1750 he arrived in Prussia and sent his papers to the King with the request that he should be made the royal oculist. Although there was a strong suspicion that Taylor was employed by the English Ministry to spy on foreign courts, the King received him politely and said, " You desire to be my oculist—there is your patent. My eyes do not need assistance; yet are you my Oculist; but if you touch the eyes of one of my subjects, I will hang you up. I love my subjects equally with myself."* He was ordered to leave the country in six hours, when he would be escorted to the border.

Here was a situation after the Chevalier's own heart. What was to be done in so short a time? Apparently he already had many people as prospective patients and to the most eminent of these he hastened and pretended to perform an operation, at the same time assuring them that there was grave danger of loss of sight if they were deprived of his subsequent treatment. On learning that he was ordered from the country, coaches were quickly summoned, the patients helped into them, and when the hour arrived for Taylor's departure he was accompanied across the border by the most imposing retinue that had ever followed him.

A qualified compliment is paid to Taylor on page three of "Lettres familières écrites d'Italie en 1739-40 par Charles de Brosses."

" Je m'amusai, pendant mon séjour, a voir l'opération singulière d'un médecin Anglais, nommé Taylor, qui ôte le crestallin de l'oeil en fourcant dans la cornée ou le blanc de l'oeil un petit fer pointu d'un demi-pied de long. Cette opération, que l'on nomme lever, ou plutôt baisser la cataracte, est extrêmement curieuse, et fut faite avec beaucoup d'adresse par cet homme, qui me parut d'ailleurs un grand charlatan."

As a young man of 32 he was already a personality. In a newspaper of September 3, 1735, appears the following :

* In the grandson's " Records of my Life " the tone of the King's reply is not so paternal; he is there made to say, " I shall take care of the eyes of my subjects myself, that they might see no more than is necessary for the interest and glory of their country."

" Yesterday the famous Oculist Doctor Taylor, was presented to the Queen at Kensington, and had the honour to Kiss her Majesty's Hand, in consideration of his surprizing Capacity in the Science he professes." The following year he was appointed Oculist to George the Second,* and this success was probably responsible for the appearance of " An Epistle to a Young Student at Cambridge, with the Characters of the Three Great Quacks, M . . p, T . . l . r, and W . . d," which was published in July, 1737, price sixpence. This production is an eight-page folio in verse and as it has become rare, it is perhaps well to include here the parts most relevant to the subject. The pamphlet itself may be seen at the Library of the Royal College of Surgeons of England, to which it was added in 1900.

" Whilst you, dear Harry, sweat and toil at College,
T'acquire that out-of-fashion Thing call'd Knowledge.
Your Time you vainly misemploy, my Friend,
And use not proper Means to gain your End.
If you resolve Physician to commence,
Despise all Learning, banish Common-Sense;
Hippocrates and *Galen* never follow,
Nor worship *Aesculapius* or *Apollo*:
But to bright *Impudence* Oblations pay,
She's now the Goddess bears resistless Sway,
Instinct by her, vile Ign'rance gains Applause,
And baffles Physick, Churchmen and the Laws. . . .
And when a Quack or Thief gets once in Vogue,
There still are Ideots to caress the Rogue.

Come up to Town, then, *Harry*, leave the School,
Your gilded Coach shall be upheld by Fools.
Pall-Mall be thy Abode, or *Grov'nor-Square*,
An ample Crop of Fools you'll harvest there. . . .
But This, you say, 's *against the plainest Sense*,
The more is due to glorious IMPUDENCE.
T . . l . r and M . pp too here her Reign exalt,
And to her Foot-stool lead the Blind and Halt.
T . . l . . r, with Learning, wise as any Grandam,
Brushes away, and ventures all at Random.
With Lady's Hand, and Play-Things bright and keen,

* Taylor was not an exception in gaining royal recognition. Wm. Read, formerly a tailor, set up in the Strand as an oculist in 1694 and was so successful that he found favour with Queen Anne, whose weak sight led her to seek relief from anyone sufficiently daring to promise a cure. She actually knighted him and allowed him to use the title " Her Majesty's Oculist and Operator in the Eyes in Ordinary." He published a book he could not read, which is full of bombast and ridiculous statements. He recommended " putting a louse into the eye when it is dull and obscure. and wanteth humours and spirits. This tickleth and pricketh so that it maketh the eye moist and rhumatick and quickeneth the spirits."

Another quack oculist patronised by Queen Anne was Roger Grant, who had lost an eye as a soldier in the German Emperor's service. He set up as an oculist in Mouse Alley, Wapping, and succeeded Read as Royal Oculist to the Queen and subsequently to George the First.

Can Cataracts remove, and Drop serene
He to the Poor, most charitably kind
Can, if they want a Trade, soon make them blind."

Twelve months after his introduction to Royalty, Taylor published a book dedicated to the Queen, in which he airily states "Nothing of the Kind has yet appear'd in our Language worthy the least Notice." The work, entitled "A New Treatise on the Diseases of the Chrystalline Humour of a Human Eye," is addressed to the Surgeons of Westminster, one of whom, J. S., did not share the author's estimate of its value. Indeed, he was so much at variance with Taylor's views that forty-four printed pages were required to contain the results of his examination of "A New Treatise." J. S. calls his reply "Dr. Taylor Couched for a Cataract," and a perusal of the final passage leaves no doubt as to the writer's opinion of Taylor and his work:

"Had he only given us some Account of his own Dissections of the Eye, or of some extraordinary Discoveries he had made abroad, from whence he returned loaded with Honours, we might have believed him a Man of Integrity. But he has exposed his Ignorance by this Treatise, and if the Doctor, contrary to my advice, should present the Publick with another piece of his performance, I hope he will take Care to give us something more Intelligible, and not such a piece of incoherent Nonsence."

His "Traité sur les Maladies de l'Organe de la Vûë," Paris, 1735, is prefaced by commendatory letters from Gesner and König, followed by an epigram in Latin which says:

"Wherever he goes Taylor will be as a quickening light to cure the blind. O doctors of Basle, who have admitted him into your company, he will ever be a bright star in your College of Medicine!"

A later publication "Le Mechanisme, ou le Nouveau Traité de l'Anatomie du Globe de l'Oeil," Paris, 1738, is favoured with a 12-page review, in the *Journal des Scavans*, whose value is depreciated by the final paragraph. "Those who wish to see a great number of matters contained in this book clearly explained should read the excellent treatise by Banieres on 'Light and Colour.'"

Taylor's daily programme was to treat patients in the morning, while the afternoon was devoted to operations and demonstrations. There were also special lectures to which the Faculty were invited, and for which he seems to have charged a shilling entrance fee. A view of Taylor as lecturer is given in a letter to Dr. Ducarel from John Palmer, a layman, who at Northampton attended one of his Sunday gratis Declamations. "This *gratis*," he says, "took me in for an auditor, and I'll tell you how it was carried on.

> The Doctor appeared, dress'd in black, with a long, light, flowing ty'd wig; ascended a scaffold behind a large table raised about two feet from the ground, and covered by an old piece of tapestry, on which was laid a dark-coloured cafoy chariot-seat, with four black bunches (used upon hearses) tyed to the corners for tassels, four large candles on each side the cushion, and a quart decanter of drinking water, with a half pint glass to moisten his mouth. He bowed, snuff'd the candles, descended and delivered out to the company his hat-full of Syllabuses, divided into Sections, No. 1, 2, 3, etc. (such stuff, and so printed, as to be entirely incoherent and unintelligible). Then mounting his scaffold he bowed very low; then putting himself into a proper attitude, began, in a solemn tragical voice and tone—' At Number 1 thus written you will find '—and repeating this with some vehemence, he read No. 1 of his Syllabus, speaking for two hours in the same manner, and with the same air, gesture, and tone, and making a sort of blank verse of it, and always ending with the verb—for that, he says, is the true Ciceronian, prodigiously difficult, and never attempted by any man in our language before. In some instances, he said, ' He equal'd the finest periods Tully ever wrote or spoke '; which always began with the genitive case, were followed by the substantive, and concluded with the verb—as thus—' Of th' Eye, the Beauties I will now declare.' This was often repeated, as his masterpiece; and he exulted and admired himself vastly upon it. When he had finished he came smiling among his Auditors, appealed to them publicly if it was not charming fine, and if they had ever heard anything like it. I must own I never did, or saw his equal; and therefore send you this sketch of him as a great rarity."

Gibbon, in his " Autobiography," when writing of the various ailments of his childhood, says that " every practitioner, from Sloane and Mead to Ward and the Chevalier Taylor were successively summoned to torture or relieve me." Taylor's name trailing ignominiously in the rear seems to imply a slender respect on the part of Gibbon, or perhaps painful recollections of the Chevalier's ministrations. Taylor claimed to have operated on Bach and restored his sight and to have attempted the same in the case of Handel " but upon drawing the curtain, we found the bottom defective from a paralytic disorder." It is unfortunate for his veracity that Mr. George Coats, by a comparison of dates, proves this claim to be false.

From his narrative it will be seen that he was a great traveller, that he was the bosom friend of sovereigns and potentates, and was even in the confidence of the Pope himself. He flattered the influential in high-sounding terms, and in the same breath insinuated his own affairs in the most ingenious manner. A considerably trimmed version taken from his book is given here as an example of his effusions—to whom they refer is sufficiently obvious:

" Oh ! thou mighty ; oh ! thou sovereign pontiff ; oh ! thou great luminary of the church ; given to mankind as a star to the Christian world. Who can believe, that you would proclaim your high approbation of my works, but by the voice of truth."

" Oh ! ye imperial ; oh ! ye royal ; oh ! ye great masters of empire ; who have so far extended your benevolence, as to be witnesses of my labours, when from before the dark eye, by my hands, the dismal veil was removed. You, the rulers of man, point out, as it were with the sceptre in hand, me alone amongst all mankind for these things."

" Oh ! ye empresses ; oh ! ye queens ; who have so often lent your awful presence on these occasions—what satisfaction you have expressed at seeing the blind, by me, expressing their joy at what they first saw ; because 'twas you they saw—the first object of their duty—the highest in their wishes ; and where is the man so daring as to call in question what you have said ?"

" Oh ! ye great people of Rome, once masters of the world, have you not declared with one voice, in praise of my works ? And who will venture to say, that a body so illustrious, could possibly err in their defence of a cause like mine ?"

" Oh ! ye learned ; great in knowledge of physic ; you, who are placed as at the head of human wisdom ; have you not declared to the world how highly you approved my deeds, and promised that my memory should to you be ever dear ?"

He is said to have addressed the University of Oxford in the same extravagant language, doubtless to the huge delight of the students, if their sense of humour was then as keen as at the present time. The following are the more scintillating parts of the speech which is of considerable length.

> " The Eye, most illustrious Sons of the Muses, most learned Oxonians, the Eye, that most amazing, that stupendous, that comprehending, that incomprehensible, that miraculous Organ, the Eye, is the Proteus of the Passions, the Herald of the Mind, the Interpreter of the Heart, and the Window of the Soul. The Eye has Dominion over all Things. The World was made for the Eye and the Eye for the World. My Subject is Light, most illustrious Sons of Literature—most Intellectual. Ah ! my philosophical, metaphysical, my classical, mathematical, mechanical, my theological, my critical Audience, my Subject is the Eye. You are the Eye of England ! England has two Eyes—Oxford and Cambridge. They are the two Eyes of England and two intellectual Eyes. You are the right Eye of England [Cambridge was the right eye when he lectured there] the elder sister in Science, and the first Fountain of Learning in all Europe. What filial Joy must exult in my Bosom, in my vast circuit [he was a slim man] as copious as that of the Sun himself, to shine in my course, upon this my native Soil, and give light even at Oxford. The Eye is the Husband of the Soul ! The eye is an Angelic faculty. The eye is in that respect a Female.

[To be female as well as husband is to endow the eye with hermaphrodite qualities which no ophthalmologist would countenance.]

Let there be Light, that first Fiat of the Almighty, and there was Light. For whose use, I pray? For the use of Man, for the Use of the Eye. The Sun, and Stars were lighted up and the bright Chandeliers over Head, were all hung out, to minister to this little Speck, this Peep-hole of the Mind, this Inlet of the Soul, this Surveyor of the Universe, this Lord of all Things, the Eye.

In Generation too, how powerful is the Eye! It is the Signal of the Affections; it is the Lightning of Desire, and the Loadstone of the Soul; whose magic Effluviums inchant the Imagination, attract the Coalitions, irritate the muscles, stimulate the Nerves, and brace up the whole Apparatus of Propagation.

We owe the Ladies to the Eye, those Transcripts of the Angels, those Specimens of Bliss, those Fountains of Joy, those Dainties of Desire, those patterns of Purity and Love, these Master Pieces, these lucky Hits of Heaven, are the finest Regale for the Eye of Man, where it feasts on the Ruby of the Lips, the Vermillion of the Cheek, the Snow of the Forehead, and the Cherub in the Eye; yet even these are but the Signs, the Invitation held out of that extatic, that soul absorbing—But Language is too weak. Without the Eye my Lady is no more than Joan in the dark.

Compared with the Tongue what an Orator is the Eye! whose single Glance conveys a Volume. The Tongue is an Upstart and Words an Artificial, tedious, and imperfect Commerce, a kind of *Hocus Pocus* agreed upon by a few and comprehended by fewer still; which arrive at the Understanding through a dirty, winding Canal; where a little Wax can stop its Career, or a Paltry Fiber unbraced, destroy the whole Business. How many ages old was the Eye before that Babel of Sounds called language was sent among Men as a Curse?

The Eye is the Orator of Nature, and talks the Language of the Universe and of Heaven too; it renders useless all Sounds except the tender Moanings of Lovers, those turtle Cooings of Desire, those nameless Throbbings of Fruition which the Eye—Nature's Orator—scorns to shape into Words.

O ye Sons and Daughters of Minerva, ye Children of Wisdom, ye Offspring of Oxford, how precious is the Eye! How deserving is the Art that keeps its Springs in Order and wages eternal War against the three mortal Foes to sight, Glaucoma, Cataract, and the Gutta Serena—these Auxiliaries of ancient Night, that would restore her gloomy Reign, and bring back Chaos to the World once more.

My Art, O ye Sons of Oxford, is the Ally of Heaven itself, and aids even the Almighty, obeying still the omnipotent Behest, *Let there be Light.*"

If " chairing " was in vogue at the time Taylor surely suffered the ordeal for being guilty of such an oration.

The HISTORY of the
TRAVELS and ADVENTURES
OF THE
Chevalier JOHN TAYLOR,
OPHTHALMIATER;
Pont. Imp. and Royal to the Kings of England, Poland, Denmark, Sweden, The Electors of the holy Empire——The Princes of Saxegotha, Mecklenberg, Anſpach, Brunſwick, Parme, Modena, Zerbſt, Lorraine, Saxony, Heſſe Caſſel, Holſtein, Salzbourg, Baviere, Leige, Bareith, Georgia, &c. Pr. in Opt. C. of Rom. M. D.—C. D.—Author of 45 Works in different Languages: the Produce for upwards of thirty Years, of the greateſt Practice in the Cure of diſtempered Eyes, of any in the Age we live—Who has been in every Court, Kingdom, Province, State, City, and Town of the leaſt Conſideration in all Europe, without exception.

Written by HIMSELF.

This Work contains all moſt worthy the Attention of a Traveller—alſo a Diſſertation on the Art of *Smiling*, with the moſt intereſting Obſervations on the Power of Prejudice; numberleſs Adventures as well amongſt Nuns and Friars, as with Perſons in high Life; with a Deſcription of a great Variety of the moſt admirable Relations, which, though told *in his moſt known peculiar Manner*, each one is ſtrictly true, and within the Chevalier's own Obſervation and Knowledge.—Interſperſed with the Sentiments of crowned Heads, &c. in Favour of his Enterprizes; and an Addreſs to the public, ſhewing, that his Profeſſion is diſtinct and independant of every other Part of Phyſic.

Introduced by an humble Appeal, of the Author, to the Sovereigns of Europe.

Addreſſed to the Merchants of LONDON.

VOL. III.

Qui Viſum Vitam Dat.

LONDON:
Printed for Mrs. WILLIAMS, on Ludgate-Hill. 1762.

A Title-page of the Royal College of Surgeons' Copy of the "Travels and Adventures."

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While dining with the barristers upon the Oxford circuit he told them of the wonderful things he had performed until, tired of his boasting, Bearcroft said, " Pray, Chevalier, will you be so good as to tell us anything which you cannot do?" " Nothing so easy,"

Taylor's Coat-of-Arms. Reproduction of coloured drawing in the Royal College of Surgeons' Copy of the "Travels and Adventures."

replied Taylor, " I cannot pay my share of the dinner bill, and that, Sir, I must beg of you to do."

" The History of the Travels and Adventures of the Chevalier Taylor "* was published in three volumes in 1761-2. The first volume is dedicated to his son, the second to David Garrick, and the third to the Merchants of London. To arouse public interest the announcement in the *Gentleman's Magazine* of its publication promised revelations of a Decameronian nature, but the book would prove poor fare for those in search of this type of literature.

* The Royal College of Surgeons' copy is elegantly bound, and on the fly-leaf appears a hand-painted coat-of-arms in blue and gold surrounded by the motto " Qui visum vitam dat " (See figure). This book was apparently the property of the Taylor family, for the signature J. S. Taylor is to be seen inside the cover.

A complete list of his forty-five works* has a prominent position; this is followed by the names of the numerous people he met and the places visited in the course of his travels. The book should not be rare, but as it is curiously difficult to acquire a copy, a selection of extracts from its pages, divested of the tedious style that characterises the work, may perhaps be of sufficient interest to include in these notes.

The first step in the treatment of a hypochondriac, he says, is instantly to agree in opinion with the patient. An Italian nobleman, complaining that he was blind, went to Taylor, who did something to his eyes and kept them bandaged for a few days. Before uncovering them he prepared the mind of his patient to believe that the sight had been restored, and this he accomplished to such good purpose that the nobleman was overjoyed again to find himself in possession of a faculty that had never been lost.

He is enthusiastic regarding the medical value of music and dancing. Whatsoever sets the blood in gentle motion without pain is conducive to health. Dancing is particularly beneficial to children for promoting growth, for giving them poise, and as a relaxation from the fatigue of study. In the case of adults, the particles in the blood are so well divided by the exercise of dancing that many diseases peculiar to them are avoided. He has always noticed that gout, rheumatism, gravel, and headache are less frequent in countries where dancing is more practised than with us. He is of opinion that two-thirds of the diseases that affect the body would be prevented if dancing were the vogue. For the amiable sex it enables them to endure with greater ease the pains

* Number 44 on the list is entitled " The sentiments of the late most high pontiff Benedict the XIVth, her imperial majesty, and of almost all the crowned heads and sovereign princes in Europe, on the happy enterprizes of Chevalier Taylor, Italian, 4to, Milan, 1758."

These " Sentiments " seem to have been published in pamphlet form for distribution as advertisements; they are also given as footnotes in the first and second volumes of the " Travels and Adventures " from which the following has been copied to indicate the tenor of the whole collection:

The sentiments of his majesty the late king of the two Sicilles now king of Spain, given by express command, etc.

The Chevalier John de Taylor having appeared worthy of royal benevolence, and desirous of some public testimony of his majesty's royal bounty, I Francis Buoncuore, first physician to his majesty, and archiator of this kingdom, etc., in consequence of his majesty's commands, and being well instructed of the innumerable proofs that the said Chevalier John de Taylor has given of his success in this kingdom, and having myself often been present at his operations, and been witness, with great satisfaction, to the most happy events; I hereby declare, by the authority reposed in me, that I regard the said Chevalier John de Taylor as a man the most excellent that perhaps any age has produced, as well as for the theory, as practice, in what he professes; and I further declare, that I consider him well worthy the benevolence of sovereigns, the esteem of the learned, and the care of the publick. Given under my hand, in the royal palace at Portici, this 14th day of May, 1755, and signed below,

L.S. FRANCIS BUONCUORE.

of life, gives a fair colour to their faces, adds lustre to their eyes, and displays their graces in the most advantageous light.

According to the Chevalier, every eye that had not been under his care was defective. He compares the eye with a diamond in the mine, both are the works of Heaven; but if the brute diamond must be polished to reveal its charms, why not the eye? He has always observed with joy an astonishing addition to the beauty of the eyes, especially those of women, which have been under his care. The increase in fire and vivacity that result from his attention endows the owner with power to work those " Marvels " of which he could give numberless instances if space allowed .

He has a great regard for the fair sex who, in his respectful estimation, are faultless. But this high praise is qualified where he suggests that they are negligent in attire, especially in the morning, when a carelessly dressed woman causes her husband " to drink his tea in a hurry, and seem impatient to be gone." To charm the eye and to gain approbation it is essential that a woman should dress becomingly, and he also strongly recommends her to paint the face, for even in the married state these things are powerful auxiliaries for preserving the lover in the husband.

He has much to say regarding nuns and boasts that he could write many volumes on the adventures of " these beauties." He is of opinion that nuns surpass ordinary women in the language of love, wit, vivacity, and sublimity of thought, because they are ever meditating on these things. It is therefore a species of cruelty to talk to them of love. He says " I am perfectly acquainted "—this is a constantly recurring sentence—" in the secret business of that respectable tribunal named the Inquisition "; he has attended innumerable religious services and has assisted at the ceremony of burning the Jews. In the cure of various diseases of the body he has knowledge of marvellous effects from the power of faith, and a vast variety of extraordinary instances of the imagination of women.

He describes an epidemic of the killing of their charges by nursemaids which, in spite of executions, continued until the offenders were marched to death meanly dressed and deprived of the pomp, flowers, and ribbons, that formerly accompanied the condemned.

He shows an unusual want of tact when he says " I am perfectly acquainted with the history of Persia . . . and am instructed in the cruel manner of putting out the eyes of conquered princes, and of cutting away the eyelids of soldiers taken in war, to make them unfit for service."

He says that in the art of pleasing, especially those of the fair sex, he is an expert, having published a book in Italian on " The Art of Making Love with Success." He cannot determine whether his gift of reading women is a natural one or the effect of science,

but certain it is that there is no lady living on this side 40 but " on fixing my eyes upon her, I can read her very soul." Nuns as well as others were subject to this influence, and many were the tokens of regard that he received from admirers within the walls of convents. One of these was so indiscreet as to keep up a tender correspondence with Taylor until discovered in her sin by the abbess. He was then urged by the nun to " shake off the heretical notions of thy country, join with me in prayer, and die with me. So shall we be happy together and the abbess may do her worst." Taylor's view of this proposal is reflected in an addendum where he says, " as I have not heard for some time from this beauteous lady, I know not whether she is gone before me, or whether she has yet the patience to wait for my departure."

A ridiculous " adventure " is that of his abduction by a great lady who yearned to know whether he loved her. The lady called at his lodging in her coach into which he was invited. As soon as he was seated the door was shut, the horses were whipped up and driven in haste through the town and two miles into the country. The lady, after assuring Taylor that he was in no danger, kept silence until the end of the drive, when she declared herself and her purpose. The Chevalier was so surprised that he hesitated to answer her appeals. Madam, quick to notice, said, " Sir, you need not pause, I see your heart is for another, not for me." So lamenting, she gave the order to drive back and this was done, as before, in silence, except for Taylor's entreaties for an understanding.

Another story concerns a widow of 90 whose sight Taylor had restored. She wished to keep him with her and proposed marriage. Not knowing what to answer, he makes excuses, and decides to postpone considering the question till after dinner, on the principle that when the body is at ease, the mind is free. But Conscience intervenes to spoil this plan; he is driven to confide in another, and naturally the widow is made acquainted with the hesitating attitude of her swain. Love quickly turns to anger and Taylor is no longer required. Afterwards he often thinks of his misfortune in neglecting so happy an opportunity of making himself independent and seeks consolation by reflecting that " I had then living a lady who claimed me as her right. . . . All must agree, that this deed of mine was well worthy of applause."

He shows a knowledge of human nature when he says that the art of pleasing is to show the person we are with to advantage, but his prescription to ensure happiness in marriage, " The wife must appear to believe that all her husband says and does is right; that faults on his side should be overlooked and even unfaithfulness condoned," cannot be described as the perfection of wisdom.

In the course of his travels he found himself in a monastery of

Capuchin friars and saw there a great number of pictures representing the punishment of sinners in the lower regions, in one of which a devil was seen plucking out the eyes. He told the Father that this sight was not very disagreeable to him, for if there were heads and eyes in the lower regions, it might also be the same in the upper, thus, whatever his fate hereafter, he would still have something to do.

" In Naples," he says, " I was present at a feast of St. Lucia, so famous for curing defects of sight. Many hundred blind people marched in procession, the greatest part of whom I should have declared incurable. That day no miracle happened, on which I judged the next visit would have been made to me, but I was happily advised not to attempt the cure of what the saint had refused, for, in the judgment of their teachers, it was better that people should continue in temporal darkness, than hazard the loss of the spiritual light, so essential to their well-being in the next world."

An absurd story relates that Taylor, bedecked with diamonds—the button of his hat being worth 8,000 crowns—attended a masked ball at one of the greatest courts in Europe and for three hours played the passionate lover to a beautiful girl who was so anxious to discover his identity that she " seized him by the button " and, calling on a party of her friends to assist, forced him violently into a corner where he was obliged to reveal his features. At the general unmasking he was disturbed to find that his tender speeches had been made to the Princess of the Court, and though the guests enjoyed his discomfiture, he says he was obliged to employ all his wit to avoid censure and to preserve himself in favour.

On another occasion he went to a foreign theatre when the King and Court were present and as soon as he entered a box he attracted much attention because the people judged from his dress and many diamonds on his breast that he was a stranger of high dignity. The King being informed that this was the famous and long-expected oculist instantly invited Taylor into the royal box " to which all eyes were now directed." After paying his respects to the Sovereign, a lady of the party introduced herself as one of his former patients, and with a loud voice proclaimed that by restoring her sight he had saved her life. " I need not express the satisfaction I received in being thus flattered, I well knew the happy circumstances that must follow so important a declaration," says Taylor.

He sees a close connection between the doctors' fees and the tithes of the clergy. The spiritual fathers take money from their flock because they are composed of body and spirit—of mind and of matter. If the mind is out of humour, as it must be when the body is in need of supplies, how is it possible to guide the heart of the

penitent? And if one is asked " How are these supplies to be procured, will not the answer be—Money?" In the same way fees are essential to the doctor who, like the priest, is composed of matter as well as spirit, in order that he, being himself healthy, may with wisdom direct the health of others.

Against those people who fail " to call in the doctor " he is specially severe. Not only does such a person wickedly deprive the medical man and his children of rightful fees, but if he dies he is guilty of *felo de se*. Such a one is an enormous and abominable criminal, vile and wretched, " and does he not deserve to have a stake drove through him?" If a man has a pain in his finger it is his duty to send instantly for the Physician, the Apothecary, and the Surgeon. Should the trouble spread to his body and cause his death in spite of the struggles of medical men to keep him here, is it not possible that he might be called home for reasons we have no right to know? And in such a case, however great our abilities, it becomes us most respectfully to submit. The deceased will have been spared the horror of reflecting that he had robbed us of our fees and his relatives will have the consoling knowledge that he died according to the Art.

He feels that he should refer to a celebrated Roman oration delivered in his honour, and gives the substance of this "pompous" speech in sections, each followed, in italics, by what appear to be protests against such high praise, but the construction of these comments is so ingenious that they are made to agree with or amplify the sentiments of the orator. In one place he so far forgets himself as to suggest that his fame is due to the exceptional opportunities he has enjoyed, but the oration ends on a lofty note, " Shall virtues like his pass unrecorded. Shall it be said that a prodigy like this has breathed within our walls, and that we forgot to inform posterity—No, *it must not be*. Let us then tell our children's children, that such a man we once had amongst us. Let us lay our hands to our hearts and cry aloud with one united voice—Behold a new citizen of this great mistress of the world!—And let us proclaim this our publick act to all the inhabitants of the earth, in the name, and with the voice of the Senate and the People."

The end of the book is devoted to a comparison of England with other countries which he knows almost as intimately as his own. Himself a physician, he considers that English physicians deserve the first place amongst men. In surgery and anatomy many at home are great but they have equals abroad, where, too, opportunities for improvement are more numerous. Regarding ophthalmology " in which I have been so long remarkedly distinguished," he owes the advancements he has made chiefly to foreign specialists, who consider the art as a distinct and independent part of Medicine, and who received him not as a rival, but a

friend. In mathematics and poetry two or three Englishmen have claimed the laurels from all mankind, while Italy holds the field in painting, music, and architecture. For the intellectual and studious, Rome affords the most delight, and regarding the luxuries of life no country can equal England, which is also a paradise for the fair sex.

His " Travels and Adventures " failed to impress at least one critic who wrote :

> " And lest some hireling scribbler of the town
> Injures his history, he writes his own.
> We read the long accounts with wonder o'er
> Had he wrote less, we had believed him more."

" The Life and Extraordinary History of the Chevalier John Taylor," printed for D. Chamberlain in Smock Alley in 1761, is a scurrilous production in imitation of the " Travels and Adventures." Soon after the publication of his autobiography Taylor went abroad and a report of his death arriving the son resolved to write a new life of his father wholly free from that egotism which characterised the Chevalier's own rendering. But finding himself unequal to the task he gave his materials to Henry Jones, a disreputable Irish poet and dramatist, who, having lost the manuscript during a compulsory " midnight flit " brought out a scandalous version partly founded on the lost notes but mainly the product of a vicious imagination. When last seen Jones was being kicked down the stairs of a public house in Bow Street by the landlord, to whose wife he had been making overtures.

It is not known whether Ann King, Taylor's wife, accompanied him on his travels. By her he had an only son, John, born in 1724, who in turn had a son John,* subsequently appointed oculist, jointly with his brother Jeremiah Taylor, M.R.C.S., to George III and George IV. The most human picture of Taylor is as playmate to his grandson, with whom he would romp on the floor, forgetful of his dignity and rich attire, allowing the child to use his neckcloth as a bridle to guide the willing steed.

In 1767 Taylor went abroad never to return. In a Leipzig journal† appears a notice of his death : " We read recently a report that the famous John Taylor had expired in this year of 1772 in a monastery near Prague at an advanced age," which implies that he was older than is usually supposed. According to another

* John the third relinquished ophthalmology for the stage, for which he wrote innumerable addresses, prologues, and epilogues. He was dramatic critic and later editor of the *Morning Post*, and proprietor of the *True Britain* and the *Sun*. His best known work is " Monsieur Tonson," a dramatic poem.

† Comment. de Rebus in Sci. Natur. et Med. Gestis, 1772, Vol. XVIII, p. 159.

account he died in Paris and lost his own sight towards the end of his life.

The Chevalier composed his own epitaph which Guérin gives *in extenso*. A dozen Latin verses are rounded off by a final one in French as follows:

Dieux ! Taylor gît dans cette bière ;
Cet oculiste si fameux ;
Après avoir donné tant de fois la lumière,
Devait il donc fermer les Yeux !

An estimate of Taylor's character which considers him as a mere quack would be inaccurate and unjust. By virtue of a liberal education in general medicine and a special study of ophthalmology his practical work was probably equal in quality to that of his contemporaries. In the absence of all regard to asepsis it is not fair to judge solely by good results, for it is surprising that success should ever attend operations on the eye in those days, when we read that the oculist treated the needle with spittle or earwax, or rubbed it on the " stern " of a dirty hand to make it pass the sclerotic more easily. Although there is diversity of opinion on Taylor's operative skill the balance is perhaps in his favour.

He rendered service to ophthalmology by always maintaining that this branch of Medicine should be a specialism and that a thorough knowledge of the human economy was necessary in order to practise the art. He invented a cataract needle and other instruments and was among the first to publish an illustration of conical cornea. He was a shrewd observer and his writings contain many things in advance of his time, notably his theory of the causation of squint, which aroused the ire of Lecat.

It has been suggested that he wished to keep secret the means by which such a dramatic result was achieved in his operation for squint, and so resorted to subterfuge when pressed by Lecat regarding the nervous filament alleged to be divided. Antonelli, after a critical examination of the evidence concluded that Taylor never divided a muscle in his operation for strabismus, but Mr. George Coats says " the impression conveyed is that he conceived the idea that strabismus might be cured by dividing a muscle." If such be the case he was nearly a hundred years ahead of the time when Strohmeyer practised the operation on the dead and Dieffenbach performed it on the living.

To this point he was an able and worthy representative of the profession and on account of his discoveries deserving of respect, but he spoilt his record and brought discredit on the medical art by extravagantly advertising himself, by his lies, bombast, and duplicity. Mr. George Coats has kindly credited him with a sense

of humour, but it is difficult to discover a sign of the saving grace in his autobiography, which is a tedious book to read. He was much too serious a person to give way to humour, his conceit bordered on the pathological, and on reading his " Travels and Adventures " one is left with a feeling of disgust that a man of his ability could be so childish. The mention of his name amongst those who know of him produces somewhat wry smiles and he is dubbed " a great scamp." Thus he loses the honourable place in history and the small measure of fame that his work would have ensured him, and instead, has become merely notorious.

SUMMARY OF THE MANUSCRIPT

The report on the case of the princess is made in response to a command of " Votre Exllce.," who is apparently responsible for Taylor's detention until satisfied that the patient is no longer in need of his assistance. He complains that he is compelled to remain when other work calls him to continue his journey. He describes the treatment applied and emphasises the great care bestowed on the case, which caused him much anxiety until at last he has brought it to a successful issue. The Princess herself fears his absence and wishes to retain his services, at which he is flattered, but protests that by remaining longer he will be ruined. The passage dealing with the treatment of the case is reproduced as a specimen of Taylor's handwriting and to show the actual procedure adopted by him.

After expressing himself satisfied with the results of his operation, he is disturbed to find that his patient is a subject of struma and complains that he was not informed of this condition by her family, but in the same sentence says that the glands under the chin were extremely swollen, unequal, and hard. Other symptoms of the disease were apparent in the lips and nose, and he concludes that she had had the disease from infancy. Of all disorders of the blood, he says, this has always given most trouble to medical men, only two patients out of ten being cured.

In spite of evacuants and other measures the glands persist and he resolves to provoke a slight salivation by means of calomel and mercurial ointment applied to the glands, which treatment caused them much to decrease in size. This complication prolonged the cure, which in an ordinary case would take 15 to 20 days, to 9 months, the extra time being consumed in applying the treatment with caution, instead of endangering the sight by hasty procedures.

He thinks his presence no longer necessary since his patient's

health and sight are now established, except for a scar in the right eye left by smallpox, which he never pretended to cure. There are frequent allusions to the rewards that he trusts will accrue to him as recompense for all his trouble, and on page ten he suggests that " Your Excellency will report my success to the throne in order that I may leave this court with the same distinction that I have received from so many others."

In a final appeal he again expresses the hope that " distinctions " will be bestowed upon him and that he should be allowed to depart quickly in order to follow the occupations which call him, and to return to his own country.

Notes on the Manuscript

In 1893 Mr. Thomas Madden Stone, who for 50 years had been a member of the Staff of the Royal College of Surgeons of England, presented to the Library of that Institution a large collection of medical portraits, autograph letters of members of the profession, and other interesting MSS, which included that written by Taylor. The script is in French and the handwriting so legible as to be easily read. Affixed to the foot of the first page of the manuscript is a printed description, cut from a sale catalogue, as follows:

> 375 Taylor (Chevalier) grandfather of Mr. John Taylor. Autograph account of the malady of one of his patients, a Russian Princess, 30 pages, 8vo. His autograph is RARE.

Is it genuine?

The manuscript is unsigned and the objection has been made that it bears no definite evidence of being the work of the Chevalier. The only unquestionable manuscript by Taylor is a signed letter to Sir Hans Sloane in the British Museum which I have used for comparison, with the following results.

At first sight the handwriting in the letter is dissimilar to that in the manuscript. The characters in the former are small, well formed, and separate one from the other; the letter is, therefore, much neater in appearance than the flowing and unevenly written manuscript. The difference is probably due to the fact that the letter was written early in Taylor's career when he was insinuating himself into the notice of the leading men in England, and it is natural that a letter of introduction to such an eminent man as Sir Hans Sloane should be carefully written. The date is not legible but as he says " I intend this week for Paris," it is possible, by referring to the diary of his travels, to fix 1734 or 1736 as the date of the letter. The history of the " illustrious Lady Narishkin " was published in Russian in 1754, and although the manuscript is

Lorsque je fus appellé pour cette illustre Demoiselle je voïois un très grand nombre des vaisseaux variqués dans l'oeil gauche, qui entroient dans la substance de la premiere pellicule de la Cornée, et qui se terminoient dans deux ou trois differentes opacités inegales, situées à une distance differente, et de une figure irregulière; enfin toute la Cornée etoit si troublée qu'avec peine elle pouvoit distinguer le moindre objet.

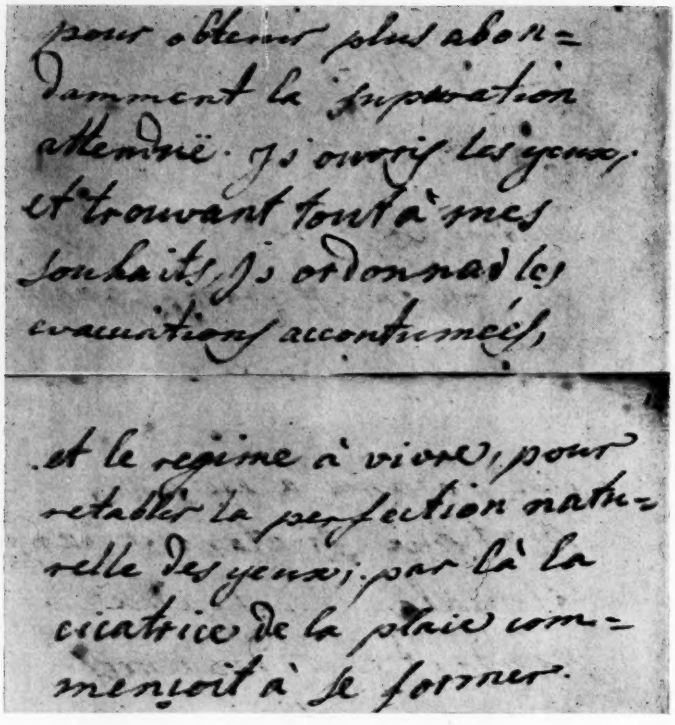
Dans l'oeil droit j'ai remarqué quasi toutes les mêmes circonstances, non

pas si avancées, la vüe
subsistant, quoique im=
parfaite: et de plus il y
avoit une cicatrice vers
le centre de la Cornée,
qui etoit l'effet d'une
pustule de la petite verole.

Ainsi j'ai recommandé
l'operation; mais je ne
la fis pas le même jour;
tout ce que je fis alors,
etoit d'appliquer un ban=
dage et une compresse
trempée dans quelque
Collyrium dans l'intention
de rendre les vaisseaux
encore plus pleins. Le len=

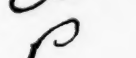
Demain j'ai enlevé environ trois lignes de diamètre de la Conjonctive tout autour du globe de chaque oeil, c'est ce que j'ai fait sans autre preparation; et la raison en est claire par ce que

il s'agissoit d'avoir une suppuration après l'operation, et non pas de l'empecher; etant le seul moïen de retablir la pellucidité de la cornée; et certe, si j'~~en~~avois fait aucune evacuation, je n'aurois pas agi comme la science l'exige. J'ai continué de garder les yeux fermés pendant quelques jours,


pour obtenir plus abon=
damment la suppuration
attendüe. Je ouvrij les yeux,
et trouvant tout à mes
souhaits, Je ordonnai les
evacuations accoutumées,
et le regime à vivre, pour
etablir la perfection natu=
relle des yeux; par là la
cicatrice de la plaie com=
mençoit à se former.

Specimen of Taylor's handwriting from the Royal College of Surgeons' Manuscript.

written with a thicker pen or a heavier hand it will be seen that the following characters, traced from the Sloane letter, have their counterparts in the manuscript, the same formation persisting over a long period of 20 years.

Tracings from Letter	*Tracings from Manuscript*	
		A capital *N* from page 1 of the manuscript.
		A capital *P* from page 20 of the manuscript.
		A capital *C* from page 1 of the manuscript.
		The *f* has an unusual loop to the *left*.
		The *þ* shows an *unfinished* loop, which bears away from the stem.
		The *þþ* has the same peculiarity.
		The *s* is very similar.
		The *c* in many cases is incompletely formed, and resembles an undotted i.
		The *e* is tall, and this peculiarity is almost constant in both letter and manuscript

There are doubtless further examples of similarity but it is assumed that the instances here given are sufficiently unusual to remove doubt regarding the authenticity of the manuscript. If necessary, further evidence is to be found by comparing Taylor's books with the manuscript, in which one cannot fail to recognise the peculiar phraseology that is characteristic of his writings. Indeed the passages we have bracketed in the copy have such a familiar sound for those accustomed to Taylor's language, that it is difficult to imagine the author to have been other than the Chevalier. To " clinch the diagnosis " it only remains to point out that number 26 in Taylor's list of

publications is entitled " An exact description of the singular disorder and recovery of sight of the illustrious Lady Narishkin, of the imperial family of Russia " (Russian, 8vo, Moscow, 1754). The similarity in name and description cannot be due to coincidence.

Is Taylor's handwriting rare?

It is said that he was a prolific letter-writer and that specimens of his script should be fairly numerous. In an endeavour to locate some of these letters a search was made in all the available indexes of manuscripts at the British Museum, and, through the medium of a literary journal, information was sought regarding the possible existence of other manuscripts. One hundred and fifty-eight years have passed since Taylor died and during this long period nothing further has emerged to be included in medical literature or in the known collections of manuscripts. It is possible that memorials of Taylor may be hidden away in private libraries, but until this material is brought to light the manuscript here described must be regarded, if we except the Sloane letter, as a unique document.

COPY OF THE MANUSCRIPT

C'est avec bien de plaisir que j'obeis [les]* aux ordres de Votre Exllce et que je me soumet à sa volonté, en donnant un detail de la maladie singuliere et du succés que j'ai eu par ma maniere de traiter La Freule de Nariskin. Je serai aussi circonstancié, que la nature extraordinaire de ce cas l'admet; touchant l'operation que j'ai fait et les remedes dont je me suis servi pour son retablissement, vu que je n'ai jamais conservé aucun journal, n'ayant jamais eté dans ma vie engagé de rendre compte de ma pratique, que par les evenements; ainsi je croïois que V. Exllce aussi bien que toute la cour n'auroit attendu de moi dans ce cas, qu'une heureuse suite. De plus, tant de differents changemens sont arrivés dans le progrés de cette guerisson, qu'aucune prudence humaine ne pouvoit prevoir, que je fus obligé de changer presque journellement les remedes selon les circonstances que j'ai remarqué. Ainsi c'est impossible de donner une autre description de tout ce que j'ai fait, pour obtenir cet'heureux événement, qu'en general, ce que je ferai avec toute l'exactitude, que ma memoire le permet. J'ajoute, que nonobstant mes meilleurs soins, j'ai rencontre tant de difficultés pour

* The bracketed words are deleted in the original and the succeeding word or words superimposed as a correction.

obtenir la fin desirée, et sachant bien la consequence, dans l'etât ou je me trouve, d'avoir eu une suite facheuse, que je me suis mille fois repenti d'avoir jamais entrepris une maladie si dangereuse et si difficile à guerir, et qui m'a emploïé, et m'a obligé de rester tant de tems, et par là m'a exposé à des inquietudes excessives, par rapport à mes occupations, qui m'ont avec tant d'empressement, appellé dehors.

(Vôtre Exllce sait bien que la reputation que j'ai acquis s'est soutenuë pendant longues anneés dans les païs etrangers, par les promptes et subites guerissons de mes malades ;)* les suites connuës de toutes les differentes operations que je pratique, et qui appartiennent à la science que je professe. Par tout ceci il est facile de [voir] comprendre ce que je dois avoir souffert en me voyant engagé seul avec un Malade de cette consequence, et d'une constitution si delicate, dans un cas ou tout sembloit conspirer pour me faire craindre les suites. Malgré le tems que j'etois obligé de sacrifier dans cette anxieté, à force de travail et des peines, le succés, que j'ai cherché avec tant d'assiduité, est à la fin arrivé.

(Le jugement que j'ai montré dans [ma] la conduite de cette maladie se voit par les evenemens aux yeux de tout le monde). Mais comme il plait à V: Exllce en droit de son authorité d'etre instruit de mes raisons, j'ose me flatter de Lui donner la satisfaction qu'Elle peut souhaiter, et votre Exllce sera fort aise de trouver par là une occasion de me procurer la consolation que la longueur et le danger de cette entreprise m'ont pour longtems empeché de posseder. [De] Par cet' evénement la Famile est infiniment contente comme de raison et la Freule sur tout, cette Illustre Demoiselle [sent de coeur] est tres sensible a la peine excessive que j'ai [a line deleted] pris, et Elle a le coeur trop bien placé [qui d'] pour oublier ce qu'Elle me doit. Sa souffrance est d'une autre nature que la mienne. Elle craint mon absence, et moi je ne respire que d'etre en état de la contenter mais les motifs de ses craintes sont tres mal fondés, parce elles proviennent d'une possibilité qu'un jour Elle pouroit avoir besoin de mon secours ; une pensée qui me flate, mais qui surément n'est pas juste ; puisqu'elle peut subsister pour toujours. pour moi, je souffre, parceque je sens que je me ruine ; ayant deja resté si long tems ici pour mettre cette Illustre Demoiselle dans l'etât heureux ou Elle se trouve, et il est fort natural que je cherche quelque fin de mon inquietude quand je sais que ma presence n'est plus necessaire à son égard.

Presentement je vais repondre aux volontés de V: Exllce, j'entre en detail, autant que les circonstances de ce cas extraordinaire me le permet. J'appelle V: Exllce pour mon juge, et je serai bien flaté

*The passages in parentheses are considered to be characteristic of Taylor's style and are submitted as part of the evidence that the Manuscript is the work of the Chevalier.

si Elle approuvera la conduite que j'ai observé dans la guerisson d'une maladie si singuliere et si circonstanciée, allon bonheur en depend; par ce que pour lors les assurances que la famile m'a donné tant de fois pendant le progrés de cette guerisson, pour me consoler de mes peines, ne s'evanouiront pas [mais] au contraire (mon succés dans cette entreprise sera fidelement representé au Trône par la bonté de coeur de V: Exllce; à fin que je puisse par lá paroitre digne de cette consolation à la quelle j'aspire, et que je sorte de cette auguste Cour avec la même distinction, que j'ai reçu de tant d'autres; comme le moien le plus sur de conserver cette reputation qu'on m'a flaté d'avoir merité, avant que je fus entré dans cet Empire.)

Lorsque je fus appellé pour cette illustre Demoiselle je voioïs un trés grand nombre des vaissaux variqués dans l'oeil gauche, qui entroient dans la substance de la premiere pellicule de la cornée, et qui se terminoient dans deux ou trois differentes opacités inegales, situées a une distance differente, et d'une figure irreguliere, enfin, toute la Cornée etoit si troublée qu'avec peine Elle pouvoit distinguer le moindre objet.

Dans l'oeil droit j'ai remarqué quasi toutes les mêmes circonstances, non pas si avanceés; la vue subsistant, quoiqu' imparfaite; et de plus il y avoit une cicatrice vers le centre de la Corneé, qui etoit l'effet d'une pustule de la petite verole. Ainsi j'ai récommandé l'operation; mais je ne la fis pas le même jour; tout ce que je fis alors, etoit d'appliquer un bandage et une compresse trempée dans quelque Collyrium, avec l'intention de rendre les vaissaux encore plus pleins. Le lendemain j'ai enlevé environ trois lignes de diamétre de la Conjonctive tout autour du globe de chaque oeil, c'est ce que j'ai fait sans autre preparation; et la raison en est claire, parceque il s'agissoit d'avoir une supuration aprés l'operation, et non pas de l'empecher; etant le seul moïen de retablir le pellucidité de la cornée; et certe, si j'avois fait aucune evacuation, je n'aurois pas agi comme la science exige. J'ai continué de garder las yeux fermés pendant quelques jours, pour obtenir plus abondamment la supuration attenduë. J'ouvris les yeux, et trouvant tout à mes souhaits, j'ordonnad les evacuations accoutumées, et le regime à vivre, pour retablir la perfection naturelle des yeux; par là la cicatrice de la plaie commençoit à se former.

C'est pour cette raison seule, n'ayant que les yeux pour mon objet, que j'ai parlé de la voir en étât de se mettre aux près de Sa Majesté Imperiale dans quinze ou vingt jours. J'ai parlé par les experiences du succés que j'ai eu dans mille cas ainsi circonstanciés en aparence. (Comme personne ne peut douter, que jamais un homme n'a eu une pratique si etenduë dans les maladies des yeux, pendant tant d'anneés que moi, et ainsi je me suis flaté d'etre parfaitement au fait.)

Vôtre Exllce voit ici la seule operation, et l'unique que j'ai jamais fait pour les yeux de la Freule jusqu'à ce moment ; et ce que j'ai fait depuis, c'est un nombre infini des Collyr : et de remedes externes que j'ai appliqué selon les differentes circonstances que j'ai remarqué. Mais c'est pour lors, que V : Exllce peut juger de mon inquietude, d'avoir aprés mon prognostique et les circonstances si avantageuses pour le favoriser, trouvé ; sans avoir eu la moindre notice de la Famile, que cette Freule avoit dans le sang le vice strumeux à un degré le plus haut : Les glandes par dessous le menton extremement gonfleés inegales et endurcïes, particulierement à coté gauche, et d'autres symptomes de cette maladie dans les levres et dans le nés. J'ai appris par mon examen qu'Elle avoit cette maladie dés son enfance et à ce qu'on pretend, neé avec Elle.

Je prevoioïs que c'etoit impossible de retablir pour la moindre continuation cette Freule, à moins que je puisse chasser ce vice du sang, ce que j'ai communiqué toute de suite à la Famile, pour montrer l'impossibilité d'etre si prompt dans la guerison que je m'etois flaté, une entreprise la plus difficile, etant bien connu, que de tous les vices du sang, c'est celui qui a toujours embarassé les plus savans dans la Medecine une guerison qui demande le plus de tems et de travaux; et dont le succés est si incertain qu'entre dix malades avec peine on en trouve deux radicalement gueri. Me voyant engagé, et obligé pour ainsi dire de travailler au retablissement de la Freule, malgré que ce qui me regardoit alors ne soit pas immediatement de ma profession ; quoique V : Exllce sache que je suis elevé il y a long tems au degré [deletion] de Docteur en Medecine, ayant même pratiqué comme tel pendant quelques années dans ma patrie, je me suis appliqué à cet' objet principal qui regarde les yeux.

Pour cette fin V : Exllce verra par ce qui suit, comment je m'y suis pris. J'ai mis la Freule en regime, et apres les evacuations generales pour preparer le chemin pour mon dessein, j'ai commencé avec un cours d'alteratives dans les quels entrent des Millepedes et une petite quantité de Calomel. Aprés un certain tems j'ai donné, au lieu du précédant, des pillules dans les quelles entrent Aethiops et gummi guaicum ; accompagneés des decoctes ordinaires de Sassaparille &., et pour empecher le frequent retour de l'inflammation, qui etoit pour tant d'anneés la consequence de ce vice du sang j'ai fait un setum, que j'ai continué ouvert jusqu'a [il y a un] la fin du mois dernier : quand je jugeois que le vice ne subsistoit plus ; argument que j'etois sur de mon fait par rapport aux yeux, sans cela je n'aurois jamais consenti d'arreter une evacuation de cette importance.

Mais non obstant cette evacuation, et tous les remedes que j'ai recommandé comme ci dessus, et l'attention que j'ai eu à tout ce qui regarde sa santé, j'ai trouvé, que les glandes autour du menton continuoient d'etre egalement endurcies et les yeux enflammés plus

ou moins, particulierement l'oeil droit. Cela m'a obligé de cesser l'usage de ces remedes, [deletion] et de travailler par les saigneés et d'autres evacuations pour delivrer les yeux des inflammations; mais sachant que cela etoit seulement *pro tempore*, j'ai pris la resolution, d'exciter, comme l'unique remede selon moi, une petite salivation par le moïen du Calomel; continuant en même tems d'appliquer pour quelques nuits de suite L'unguentum mercuriale sur les glandes endurcies, tout fut accompagné par le regime necessaire en pareilles occasions. La petite salivation n'ayant pas continué pendant trois tours sans avoir remarqué un changement tres favorable; la dureté de ces glandes etant extremement diminueé, et tous les symptomes du vice du sang commençoient à disparoitre. Au bout de quatre ou cinq jours j'ai jugé à propos de faire cesser peu à peu la salivation, craignant d'exposer trop sa santé, je voulois plutôt recommencer, aprés que sa force [soit] fut un peu retablie. Si j'avois continué la salivation dans ce tems là, il y a de l'apparance que mon succés auroit eté plus promt; mais V: Exllce approuvera certainement mes precautions. [Deletion.] Un mois aprés j'ai fait la même tentative, avec le méme succes; et apres un mois encore, et pour la troisieme fois: ceci etoit fini il y a six semaines, et voyant cesser pour lors tous les symptomes du vice du sang, j'ai ordonné le regime de vivre, avec les evacuations ordinaires, pour empecher aucune mauvaise consequence du Mercure qu'Elle avoit pris; ne prevoyant aucune necessité d'elever une quatrieme fois la même salivation.

Voici les raisons, pourquoi au lieu de quinze ou vingt jours, ce cas m'a occupé, avec mes meilleurs soins, plus de neuf mois, non pas parcequ'il a été impossible de procurer un heureux changement plus prompt; mais en consequence du danger au quel je me serois exposé, si j'avois avancé plus vite.

Quoiqu' a présent, [deletion] comme j'ai eu l'honneur de dire à V: Exllce il y aye plus de cinq semaines que le setum este ôté, et que j'aye cessé de donner des remedes, sa santé continue d'etre parfaite; non seulement toutes les circonstances de sa maladie ne paroissent plus, mais les yeux sur tout continuent d'etre dans un étât parfait, à l'exception de cette cicatrice dans l'oeil droit; l'effet de la petite verole, que je n'ai jamais pretendu [d'oter] guerir et qui n'empeche nullement la vuë.

Ainsi la santé et la vuë etant retablies, et les yeux continuant d'etre libre d'inflammation et qu'il ne reste que les Eaux de Saltze à prendre, avec le regime ordinaire, les quelles Elle prend actuellement; je ne vois aucune necessité de ma présence ici d'avantage à l'egard de cette illustre Freule; parceque tout ce qui peut rester à observer, consiste dans le regime de vivre, selon les directions que je Lui laisserai en partant.

Comme la Famile m'a assuré, que Sa Majesté Imperiale par sa

grande benignité veuille encore permettre, que La Freule se mette a ses piés, avant mon depart, à fin que sa Majeste Imperiale puisse voir la difference infinie qui se trouve dans son étât d'àprésent, et l'étât dans le quel Elle etoit, quand cette Freule etoit honnoré de sa haute presence, dans la maison de S: Exllce Madame de Narishin.

(Je supplie trés humblement V: Exllce de m'honorer pour cette fin de sa puissante protection, [qu'ainsi par] en consequence de la satisfaction, que j'ose me flâter que Sa Majesté Imperiale en aura, Soutenue par votre approbation je puisse sortir avec les distinctions, que j'ai [me suis toujours flate] toujours esperé d'obtenir; pour les quelles j'ai travaillé avec tant d'assiduité et de peines;) et que je sois libre de partir au plutôt, pour suivre mes occupations qui m'appellent, et pour joindre ma patrie.

(In the preparation of this paper I gladly acknowledge the kind assistance of Sir D'Arcy Power, K.B.E., Honorary Librarian of the Royal College of Surgeons of England, to whom I am specially indebted for reading the text and for permission to reproduce the illustrations and manuscript. Also of Mr. W. J. Bishop, Assistant Librarian, Royal College of Physicians; Dr. Harry Friedenwald; Mr. E. Harrison, Registrary, Cambridge University; Dr. R. J. C. Thompson, St. Thomas's Hospital; and Dr. Casey Wood, who has generously assisted with advice and suggestions.)

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A CASE OF LINDAU'S DISEASE (CAPILLARY ANGIOMATOSIS)

BY

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THE following case of Lindau's disease may be of special interest to ophthalmologists owing to its history.

Nearly twenty years ago Mr. Frank Thomas and the late Mr. George Coats published in the *Trans. Ophthal. Soc. U.K.* a note on " A peculiar Granuloma of the Retina " dealing with a youth having a retinal tumour which had necessitated removal of the affected eye.

In September, 1929, this same patient, W.J.J., now aged 37 years attended Swansea General Hospital as a casualty, complaining of intense headache. At his first visit he was unwilling to be admitted; measures to relieve his state were taken, including lumbar puncture, and he went home but returned eleven days later with still worse headache, almost in coma and was admitted under Dr. Daniel Evans.

Clinical Note

The patient was a warehouseman and, apart from his early history as outlined by Thomas and Coats, he had fair health until 1921 when he began to suffer intermittently from headache.

In 1924 he had a fall, striking the back of the head, and subsequently the headaches became intensified, latterly causing an intolerable degree of pain. This became so devastating that finally he was compelled to seek medical assistance.

At the time of his admission to hospital there had been no vomiting, and no localising neurological signs were found nor were other physical signs of disease discovered. The right eye showed no papilloedema or retinal changes.

Lumbar puncture was again done; the two fluids were fully examined with the following results:

	C.S.F. 10/9/29.	C.S.F. 21/9/29.
Appearance	Clear, no clot	Clear, no clot
Cells	0 per c.mm.	1 per c.mm.
Protein	150 milligrams %	120 milligrams %
Globulin	Trace	Present
Glucose	66 mgr. %	94 mgr. %
Chloride	702 mgr.	805 mgr. %
Gold curve	0012 2 1½ ½ 00000	½ ½ 1 1½ 1000000

The second C.S.F. was examined for urea content and showed 62 milligrams per cent. The earlier fluid and also the blood had been subjected to the Wassermann test with negative results. The urine showed no abnormalities.

A diagnosis of cerebral tumour was made provisionally. The patient rapidly became worse, hyperpyrexia followed and he died within a few hours of admission.

At this time and until after the post-mortem examination the earlier history of the man and the reasons for enucleation of the left eye were unknown.

Owing to the allegation of a blow on the head in 1924 the Coroner ordered a post-mortem examination.

Summary of Post-mortem

A well developed man. No evidence found of injury to scalp or skull. Left eye had been enucleated, cavity clean.

Head.—The left posterior fossa and left occipital space were definitely larger than the right, and the mid-line of the skull along the base and vault was displaced to the right. There was no sign of absorption of bone and the asymmetry appeared to be developmental.

The brain was congested and contained excess of fluid; the choroidal plexuses were oedematous; there was no meningitis.

Two small soft tumours were found in the cranial cavity, (1) A pedunculated growth, 1 inch in diameter, external to the left cerebellar lobe, sub-dural and pressing into this lobe so as to cause softening and yellow discoloration of the cerebellar tissue. Haemorrhage had occurred into this growth. (2) A smaller growth, $\frac{1}{3}$ inch in diameter, not pedunculated, in the posterior part of the right cerebellar lobe. It was soft in texture and whitish in colour.

Both tumours could be readily shelled out from the adjacent cerebellar tissue.

The remainder of the brain, save for some flattening of convolutions, appeared normal.

The evacuated left orbit contained no growth in or behind it.

Chest.—There was deep congestion of lungs and one haemorrhagic infarction was found. The heart was normal.

Abdomen.—All organs appeared normal except for the left kidney which contained two growths: (1) 1 inch diameter, in the cortex, projecting beyond the natural surface of the kidney. (2) $\frac{1}{4}$ inch diameter, also in cortical part of kidney but deeper.

These tumours were black in colour and on first view were thought to be melanomata.

Histological examination of all the tumours, however, showed them to be angiomatous in character, and on mentioning the case to Mr. Frank Thomas the ancient history of the man, together with sections of the retinal tumour of 1911 and a copy of the note then published, were fortunately forthcoming.

Later, on discussing the matter with Dr. J. G. Greenfield, the writer was referred to publications on Lindau's disease and this

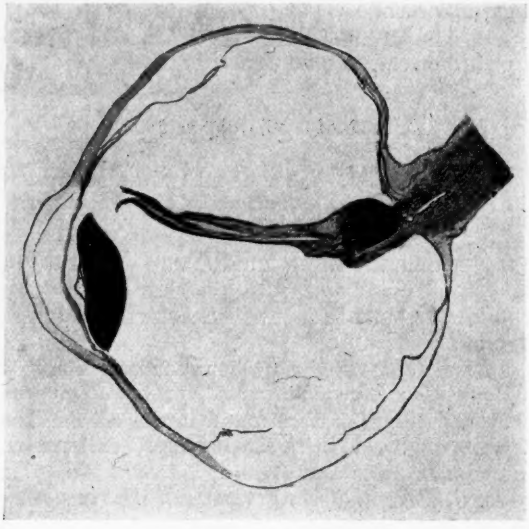

FIG. 1.

Eye, with retinal tumour.

case was recognised to be another instance of this recently-described syndrome.

For full details of the early history of the case readers are referred to Thomas and Coats's publication.

It is of interest, in view of the post-mortem findings in the kidney, that the original troubles directing the patient to hospital in 1910 were inability to micturate and headache, and these led to thorough ophthalmological examination and to the discovery of the retinal tumour. Increasing intra-ocular tension in due course compelled the loss of the left eye.

The late Mr. George Coats made a very detailed report on this eye but was unable to classify the tumour with any certainty, as can be seen in his report.

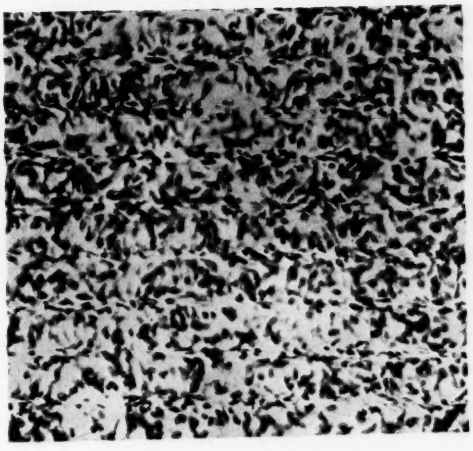

FIG. 2.

Retinal tumour, high-power.

FIG. 3.

Left cerebellar tumour.

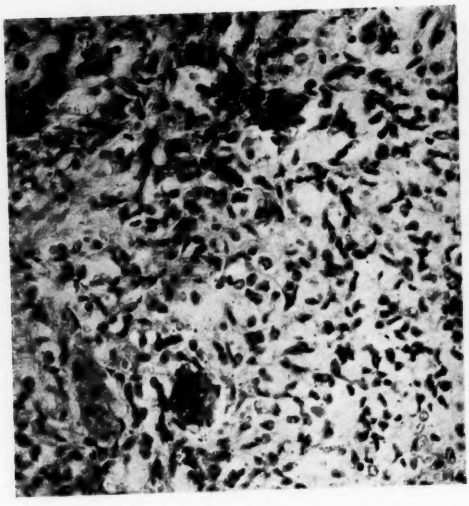

FIG. 4.

Right cerebellar tumour.

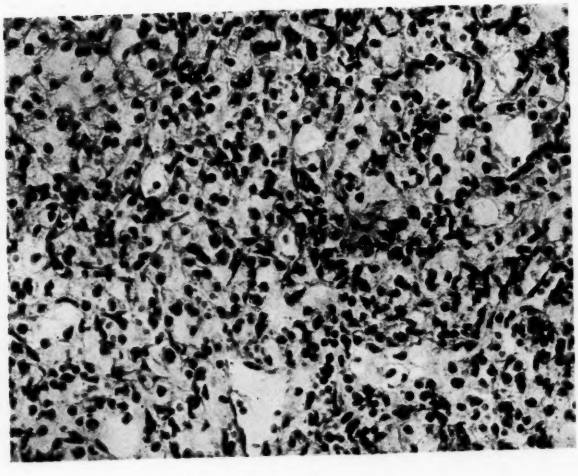

FIG. 5.

Left renal tumour.

A further study of the original sections in the light of later developments makes it probable that the retinal tumour is to be classified as an angioma with unusually high proportion of endothelial cells and relatively slight formation of blood spaces.

The retinal growth was situated just to one side of the papilla (Fig. 1) and appears in sections at the base of a long stalk of detached retina. The growth is hightly cellular (Fig. 2) and although not capsulated it is fairly sharply defined.

It is in some areas highly vascular, the blood vessels usually showing well-formed walls but in a few instances appearing to be simple endothelial channels.

The constituent cells of this tumour are mostly elongated, with nuclei either ovoid or sickle-shaped, and closely packed, obscuring the supporting stroma. There are a few foci of polymorphonuclear inflammatory cells but for the most part the growth is not inflamed. The constituent cells are singularly devoid of evidence of mitosis such as one would expect to see in a true sarcoma.

The cerebellar and renal tumours (Figs. 3, 4, and 5) are much less densely cellular, much more vascular and their constituent cells much more pleomorphic than in the retinal tumour. Nevertheless, at the most concentrated areas the cells show frequently the ovoid or curved nuclei of those described in the retinal tumour, and the same absence of mitotic figures.

They show also numerous fibroblastic cells contributing to the structure of the walls of the blood spaces.

In the cerebellar and renal tumours the stroma is better defined, loose in texture and much infiltrated with red blood cells; well-formed blood channels are also numerous and apparently some breakdown of blood-cells has occurred with deposition of pigment.

The haemangiomatous nature of these tumours is best seen in the left cerebellar growth; its angiomatous cells, though less densely assembled show, on close study, essential identity with the constituent cells of the other tumours.

It appears that there may be considerable differences in the histology of tumours found in this syndrome.

The cerebellar tumours recorded in the literature are all haemangiomatous (Greenfield and Sargent), the renal tumours may be " clear-celled adenomata " instead of angiomata, *e.g.*, in the cases reported by Hadfield and by Shapiro renal adenomata were found, and Lindau in his original paper referred to 8 instances of hypernephroma out of a total of 275 cases of his syndrome. In Hadfield's case too, the pancreatic tumour was a polycystic condition arising, not from vascular structures but from dilatation of gland acini.

The retinal tumours of this syndrome have, however, been described consistently as angiomata by all writers on the subject. (*Vide* von Hippel, Lindau, Paton and Williamson-Noble, Cushing and Bailey.)

The essential primary factor of Lindau's disease appears to be a congenital defect most frequently manifested in vascular tissue, and a practical point emphasised by many writers is the importance of intra-ocular examination for diagnosis when cerebellar tumours are concerned; it might well be borne in mind also when tumours of the kidney or pancreas are under consideration.

Summary

1. A case of Lindau's disease, with capillary angiomata of retina, cerebellum and kidney, is described.

2. The retinal growth had been removed 20 years previously.

3. The cerebral compression arising from the intra-cranial tumours became more manifest after a blow on the head 5 years before death.

4. There was some evidence of faulty development of the skull.

5. No history was obtained of similar conditions in the man's family.

The writer wishes to express his very cordial thanks to Dr. Greenfield for his valuable aid with micro-photography and in other directions, and to Mr. Frank Thomas for his help in elucidating the earlier ophthalmological history of the patient.

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A CASE OF BUPHTHALMIA WITH NORMAL UNAIDED VISION

BY

J. H. DOGGART

LONDON

To the rule that the degree of myopia is roughly proportional to the amount of antero-posterior elongation of the globe, buphthalmic eyes are known to form an exception, on account of three compensating factors—flattening of the cornea, flattening of the lens, and backward displacement of the lens—whose relative importance has been mathematically calculated by Parsons.[1] It will be seen that, in the case to be presently described, these factors have operated to an ideal extent.

A. G., a boy, aged 10 years, has been attending as an out-patient at Moorfields for over a year, during which time it has not been possible to detect any change in the condition of his eyes. He has never complained of any symptoms. Both corneae have a diameter of 13·5 mm. The tension in each eye is full normal. The visual fields, tested with a 0·5° moving white object, are normal. A peculiar arrangement of vessels is seen in the right optic disc: the central retinal artery is invisible, but six arterial branches radiate from the edge of the disc. In the left eye, there is a deep physiological cup. There are no ruptures of Descemet's membrane. Each eye, unaided, sees 6/6 and J.1. When first the boy came to hospital, he was prescribed pilocarpine drops for safety's sake, but, having remained under observation for so long without developing any unfavourable signs, he will probably be allowed to stop all treatment soon.

The paternal uncle of A.G.'s mother has a son whose four children are all said to have very large, but normally functioning eyes. Unfortunately they live too far from London to be available for examination. With these exceptions, no other member of the family is known to be affected. That the condition is, like microphthalmia, prone to display a familial incidence was shown by the investigations of Kayser,[2] who traced seventeen males, spread out over four generations, with enlargement of the corneal diameter up to 14·5 mm. They were all healthy individuals, with good sight, normal tension, clear corneae, and non-pathological optic discs. Only one out of the seventeen suffered from glaucoma in later life. Kayser considers that these seventeen patients cannot correctly be called buphthalmic, and that the condition should be described as a simple enlargement of the cornea, *i.e.*, megalocornea. In this contention he is supported by Seefelder,[3] who described a similar case, and laid down a series of

ten criteria by which to distinguish megalocornea (or megalophthalmia) from buphthalmia (or hydrophthalmia).

Treacher Collins[4] in 1913 reported the unusual phenomenon of a 17 year old boy, who achieved normal vision in both eyes with the aid of a moderate correction for myopia; whose visual fields and optic discs were normal; and all this in spite of a corneal diameter of 14.75 mm. in the right, 14 mm. in the left eye. He considered the patient to be buphthalmic. Seven years later, on re-examining the eyes, and finding no evidence of any change in the condition recorded in 1913, Treacher Collins[5] pointed out that the corneal enlargement obviously could not be attributed to stretching from any increase in intra-ocular tension. He expressed himself in agreement with the views which had in the meantime been put forward by Kayser[2] and Seefelder,[3] and went on to describe still another case of what he now called megalocornea.

Whether the case I have recorded should be designated buphthalmic or megalocorneal is of no great importance, but I have preferred to use the term buphthalmia because I think it improbable that there is any sharp line of division between the two conditions. Zorab,[6] in the discussion that followed Treacher Collins's paper in 1920, mentioned the case of an infant with large corneae, first seen at the age of 4 months, and remaining under observation until the age of 2—3 years, by which time the left eye had to be excised on account of gross expansion leading to lagophthalmia, whereas the right eye had every appearance of being sound. It is easier to regard this infant as the victim of one condition affecting the two eyes with a different degree of severity than to postulate two radically different conditions arising as a coincidence in one subject. Moreover, the word buphthalmia, used in its ordinary derivative sense, does not connote glaucoma, although it happens that glaucoma is commonly associated.

I wish to express my thanks to Sir John Parsons for his kindness in allowing me to publish this case.

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COMPRESSION OF THE HEAD, CAUSING TEMPORARY SIXTH NERVE PARALYSIS

BY

C. G. SCHURR

BRIGHTON

History.—On or about August 24, 1929, while on holiday in Belgium, D. H., aged 4 years, put her head through one of the openings of the steel trellis-work gate of the hotel lift. The lift descended, but automatically stopped, compressing the head between the occiput and the chin. The child was fixed in this position for about half a minute.

When she was released, the child's face was swollen, " black and blue," and she was unconscious. Her chin was cut.

She remained unconscious for 24 hours, and during this time there was frequent vomiting.

When consciousness returned, it was found that the left eye turned in. The swelling of the face lasted for two days.

I did not see the child until a fortnight after the accident.

Clinical.—When examined on September 6, 1929, the condition found was as follows :—

There was a healed cut below the chin, about an inch and a half in length, and of irregular outline. The only other evidence of the injury was a complete internal rotation of the left eyeball. When the child looked fully to the left with the right eye, the left eye barely came to the middle of the palpebral fissure. Both pupils were equal in size and reacted normally to light. Both fundi were normal.

On September 9, under atropine, the refraction of both eyes was +2·0 D.Sph., and the child was ordered B.E. +1·5 D.Sph. for constant use. No further abnormality than that already noticed was found.

The child was put on exercises, very gradually at first in view of the paresis of the left external rectus muscle, and return of function of the muscle has slowly progressed.

On January 29, 1930, the mother stated that the child's eye had recovered its " brightness," and that sometimes it looked quite straight, especially in the morning on waking. But, on each occasion that I have seen her, the eye has been internally rotated. Movement has returned to the extent that the edge of the left cornea can be rotated to the outer canthus. There is difficulty in making the child fix with the left eye, but she named several things correctly when they were held before the eye. Her fundi are still normal.

Comment.—The persisting inward rotation of the eye appears to be due to stretching of the left external rectus muscle during the time that it was paralysed. And although the function appears to have fully recovered, the stretching has remained. In view of the surgical principle that paralysed muscles should be put at rest, it seems to me that the correct treatment in this case would have been to fix the eye with a suture in full outward rotation as soon as the paralysis was discovered. This would have prevented the stretching of the muscle. Unfortunately, I did not think of this until too late. But in any case, a fortnight after the accident was probably too long for any benefit to have resulted. The case, however, seems to point to the importance of early suture in a position of rest in cases of traumatic ocular paralysis.

A CASE OF BILATERAL BUPHTHALMIA WITH MULTIPLE CONGENITAL ABNORMALITIES IN ONE EYE

BY

G. G. PENMAN

LONDON

L. P., male, aged 6 years, attended at the Royal Westminster Ophthalmic Hospital on October 5, 1929. The parents said that for five years the child had had defective eyesight, and " would not look up."

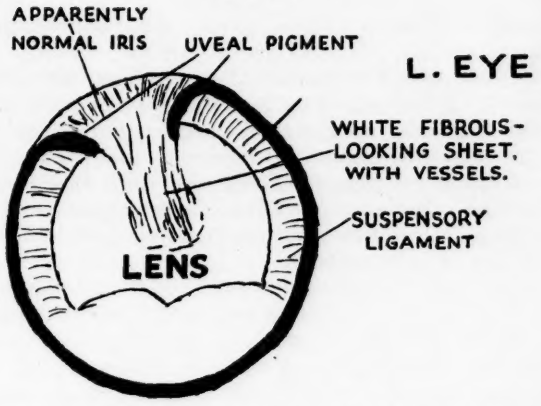
Examination was extremely difficult on account of photophobia, but it was quite obvious that the condition was buphthalmia, in a very advanced state.

The child was admitted, and on October 9 was given a general anaesthetic and examined more thoroughly.

The right eye showed the ordinary features of an advanced case of buphthalmia; the cornea very large, steamy, and with many splits in Descemet's membrane, a very deep anterior chamber; fundus not visible. Tension, by Schiötz tonometer, 37 mm. Hg.

In the left eye, besides these features, there was almost complete aniridia, the rim of rudimentary iris showing as a dark brown border, except at about 11 o'clock, where there appeared to be a wider iris, from the anterior surface of which a strip of white anterior vascular sheath remnant, with some vessels on its surface, ran to the centre of the anterior surface of the lens. The edge of the lens presented below a double coloboma, the suspensory ligament being absent in that region. Tension was 30 mm. Hg.

The left eye was trephined the same day, and the right a week later.



The tension after operation was much better in the right eye, varying from 15 to 23 mm. Hg. The left was not improved.

Seen in January, 1930, the child was still rather photophobic, but seemed to be using its eyes more, and was said by the parents to be seeing its food, toys, etc., quite well.

The case is interesting in view of the close connection of buphthalmia with congenital abnormalities; also the intense photophobia is not a usual symptom, but probably due to the excessive amount of light entering the left eye.

ANNOTATIONS

Development of Ophthalmology in Europe

Some interesting observations on this subject were made by Professor Fuchs in his dedicatory address at the opening of the Wilmer Ophthalmological Institute. Ophthalmology may justifiably be regarded as the senior speciality in medicine and surgery as it split away from its parent stem no less than three thousand four hundred years ago, in the time of dynastic Egypt. The use of copper sulphate in the treatment of what may truly be called Egyptian ophthalmia was well known in those days, when there were also a number of other specific cures for eye diseases, as described in the Papyrus Ebers. After the fall of the Roman Empire there was complete stagnation in ophthalmology which persisted until the middle ages when spectacles were invented, not by oculists but by physicists who based their work on Kepler's doctrines. Arabic oculists, though men of great fame in their time, did relatively nothing to advance matters, since they limited themselves to translating the books of ancient authors such as

Hippocrates, Galen and Celsus, giving only poor additions of their own.

It took a long time for ophthalmology to make much headway as a speciality in Europe. Couchers and quacks abounded but a professorial chair was not founded until comparatively recently, the first one being in Vienna. It is curious that even the famous von Graefe did not have one of his own until 1866, four years before his death. Paris did not follow the example of Vienna until 1879, whereas Harvard established a chair in 1871 with Henry Willard Williams as incumbent.

The enormous modern development of ophthalmology has been the work of the last hundred years and due largely to the invention of new methods of examination. The names of Mackenzie, who originated focal illumination, Helmholtz, Cuignet and Donders speak for themselves in a roll of inventors of diagnostic instruments and procedures. von Graefe's name is so intimately associated with iridectomy for acute glaucoma, that we are a little apt to overlook the importance of his work in connection with perimetry. Professor Fuchs related an interesting story of how a beggar who was led about the streets and earned his living by his blindness, was discovered in the act of reading and regarded as a cheat. The police brought him to von Graefe who, by taking the field, discovered that only central vision was present, the patient being a sufferer from retinitis pigmentosa.

On the operative side the important landmarks are 1746 when Daviel substituted extraction of cataract for couching, 1857 when von Graefe discovered iridectomy for glaucoma, and 1884 when Carl Koller first used cocaine as a local anaesthetic for eye operations.

A Memento of a Famous Ophthalmic Charlatan

Through the kindness of Mr. Treacher Collins we had the opportunity, not long ago, of examining a snuff-box which would appear to have been at one time the property of Sir William Read, Queen Anne's oculist and a noted ophthalmic impostor. The box is of silver with a mother-of-pearl lid and is in the shape of an oyster shell, measuring $3\frac{1}{4}$ by 3 by $\frac{1}{2}$ an inch. The lid is engraved, the upper third being adorned by a diaper pattern; next comes a narrow space divided into two parts, the left hand space containing the following sentence: "I fight for Innosentes, Sr. William Read"; that on the other side having: "This as on[e] of my defenders ye lord hath sent me." The lower part of the lid shows at the right hand part, below, an effigy of a baby, wrapped in swaddling clothes and lying amid rushes, rather like Moses in the bulrushes and above this, the word "England." On the left hand

side is engraved the figure of a man on horseback. The horse is a ludicrous mixture of an English cart horse and a Norman *destrier*. The man is in armour as to his body and has an open sort of Roman helmet on his head; in his right hand he holds a lance, and to his left thigh is strapped a short curved falchion which looks like a Roman short sword. The bridle of the horse is a typical mediaeval structure and the reins appear to hang loose on the steed's neck. On the back of the snuff-box is engraved a coat-of-arms, the engraving being a typical example of the Chippendale period, very unlikely to belong to a date prior to 1750. The coat may be blazoned as follows:—Gules, a lion rampant between three stars of six points argent. Crest, a demi-lion rampant. A previous owner has noted that this coat-of-arms is that of the Malone family; in this he is in error, the Malone coat being given by Burke as "Malone of Baronstown, Ireland, created Baron Sunderlin in 1785: Gules, a lion rampant between three mullets argent." Now a mullet is a star of five points and it is almost inconceivable that such a mistake in elementary heraldry could have been made, unless it was engraved by an ignorant craftsman for an equally ignorant customer.

On the inside of the base of the box is stamped something which may be the remains of the marks for silver, but it is not possible to make anything of it. Read died in 1715 so that the silver must be at least as old as the reign of Queen Anne.

Sir William Read as a defender of the innocents appears in quite a new rôle; like most of the ophthalmic quacks all was fish that came to his net; he cured wens, hare-lips, cancers and cataracts and he was the proprietor of a noted styptic water, but we have never heard that he took babies under his care.

ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

JUBILEE MEETING

MR. LESLIE PATON, the president of the Ophthalmological Society of the United Kingdom, opened the Jubilee Meeting of the Annual Congress on Thursday, April 3, at the Royal Society of Medicine. On behalf of the Society he welcomed guests from Europe and America, and read messages of greeting from the following ophthalmic surgeons:—

Edward Jackson, Professor E. de Grosz, Professor Erlebeiman, Professor Vogt, Professor Axenfeld, Professor Fuchs, Professor Lundsgaard and others.

Among those who offered addresses of congratulation were Professor de Schweinitz and Dr. Parker (U.S.A.), Professor Ovio (Padua), Professor van der Hoeve (Leyden), Professor Marquez (Madrid), Professor Meller (Vienna), Professor Terrien (Paris), Dr. Coppez (Brussels), Professor de Grosz (Budapest) and Professor Ask (Lund) who made a speech in Latin and presented two written addresses bound in leather, one from his own Ophthalmological Society and the other from his friend Professor Lundsgaard of the Danish Ophthalmological Society.

Presentation of the Nettleship Medal.—Miss Ida Mann was awarded the Nettleship Medal. The president paid a tribute to her distinguished career as a student and to the able work she has done on the embryology of the eye.

Presidential Address.—" The Control of Position and Movements of the Eyes."

Mr. Paton devoted his address to a consideration of the reflex factors which control the position and movements of the eyes. He said that in man and other animals with frontally placed eyes and binocular vision the retinal stimuli played a predominant part in such control, but in lower types with laterally placed eyes other factors came into prominence, the most important of these being reflex stimuli from the labyrinth and neck muscles. Mr. Paton used the term " dyscritic " for the lower controls and " epicritic " for the retinal and higher controls involving the cerebral cortex.

He described the physiological mechanism by which the body equilibrium, muscle tone, vision, and hearing were correlated in fishes and bats, and the part played by the sacculus and utriculus in the determination of certain ocular movements.

The relation between various postures of the head and ocular movements in rabbits was demonstrated by means of diagrams. Mr. Paton dealt briefly with the problem of nystagmus.

Professor van der Hoeve proposed a vote of thanks, which was seconded by Mr. Usher.

The Bowman Lecture.—Sir Arthur Keith, in a manner that is characteristic of his charming personality, delivered the Bowman Lecture on " The Genius of Bowman."

Sir William Bowman was the President of the Society fifty years ago. During his early years he made many brilliant discoveries in anatomy, and in the full tide of his professional life he did more than any other man in England to advance ophthalmology, a branch of medicine into which he was swept by force of circumstances.

Bowman lived in a period when medical knowledge was advancing with great rapidity. From his early days at King's College

it is evident that he possessed those rare gifts of mind and heart that make a man great. He had a high view of his calling in life, and from his lectures to students it is obvious that his heart was with the poor and unfortunate.

For three years he shared the chair of physiology at King's College with his friend and master Professor Robert Bentley Todd, who exercised a powerful influence over the young men of promise who came into intimate contact with him. He was certainly the inspirer of Bowman.

At the conclusion of the lecture Sir Arthur Keith drew a parallel between Bowman and Lord Lister and pointed out the many striking resemblances between these two men. If general surgery suffered a great loss in the direction which fate gave to Bowman's career, ophthalmic surgery reaped an exceedingly great reward.

Mr. Lawford, who is an original member of the Society and as such has sat at the feet of Bowman, proposed a vote of thanks to Sir Arthur Keith.

Discussion.—" Disorders of Secretion of the Endocrine Glands associated with Eye Diseases."

The discussion was opened by MR. J. H. FISHER, who said that it is now well established that the inter-relation between the functions of the endocrine glands is provided by the chief hormones which each supply. The hormones of some were antagonistic to, or corrective of, those of other glands, and an excess of one might stimulate the production of another. The balance between the whole group must be held if normal growth, health, and vitality were to be maintained.

PROFESSOR H. MACLEAN said that little was known about the endocrine glands, and the various reactions which took place in such a condition as diabetes. The recent work which has been done on carbohydrate metabolism shows that the views held up to a year or two ago are wrong. In his opinion, the fundamental difficulty in a case of progressive diabetes was in the failure of the tissues to utilize or burn up sugar.

PROFESSOR E. C. DODDS said that it was impossible to correlate the basal metabolic rate with the amount of exophthalmos, and that exophthalmos might advance or recede irrespective of the general condition. His observations confirmed the view that diabetic retinitis occurred only with associated arterial degeneration.

DR. CLARK SOUTER showed some interesting charts and pictures of clinical cases. MR. A. W. ORMOND and MR. C. GOULDEN contributed to the discussion.

Papers.—A full account of the papers and demonstrations will be in the *Transactions of the Ophthalmological Society*. Only a brief summary of these papers is given here.

MR. E. TREACHER COLLINS read a paper on the Harderian gland, xerophthalmia, vitamin A deficiency, and keratomalacia. He described the embryology, anatomy, and function of the Harderian gland.

DR. W. R. AYKROYD gave an interesting account of his experiences of night blindness due to vitamin deficiency in Newfoundland and Labrador fishermen. These men live on a diet deficient in eggs, butter, and green vegetables. Two doses of cod-liver oil restored the vision, and the ingestion of sea-gulls' liver while at sea acted as a prophylactic in some cases.

DR. JAMES COLLIER read a paper on " Ocular paralyses " resulting from infective or toxic processes, such as diphtheria, polyneuritis, botulism, and veronal intoxication.

MR. TUDOR THOMAS gave a report and demonstration of his experiments in " Transplantation of the Cornea " carried out on rabbits in the Physiological Department of the Welsh National School of Medicine. In his experience the best results were obtained by cutting circular grafts with shelving edges. The graft was slightly smaller than its bed, and was held in place by stitches inserted into the adjacent cornea and crossing the graft in the pattern of a Maltese cross. Sterile olive oil is instilled into the eye. Out of 14 experiments carried out in this manner, 13 of the grafts united, 4 grafts were clear, and the four rabbits with clear corneal grafts were demonstrated at the meeting. The demonstration evoked a great deal of interest.

PROFESSOR ASK (Lund) said that he had used a flap of conjunctiva to hold the graft in position.

DR. MULOCK HOUWER read a paper on " The Aetiology of Retention Cysts of the Fornix Conjunctivae " illustrated by microphotographs.

MR. DUKE-ELDER gave an account of experimental work which demonstrated the effect of choline and acetyl-choline on the extrinsic muscles of the eye. During research upon the effects of various drugs on the intra-ocular circulation it was discovered that choline produced reactions in the intra-ocular pressure. Choline excites a contraction in the extra-ocular muscles, which was unaffected by atropine and abolished by nicotine and curare.

MR. JULER described " Some cases of damage to Descemet's Endothelium " which had occurred during a wash-out of the anterior chamber. He showed illustrations of corneal dystrophy which had occurred in two sisters.

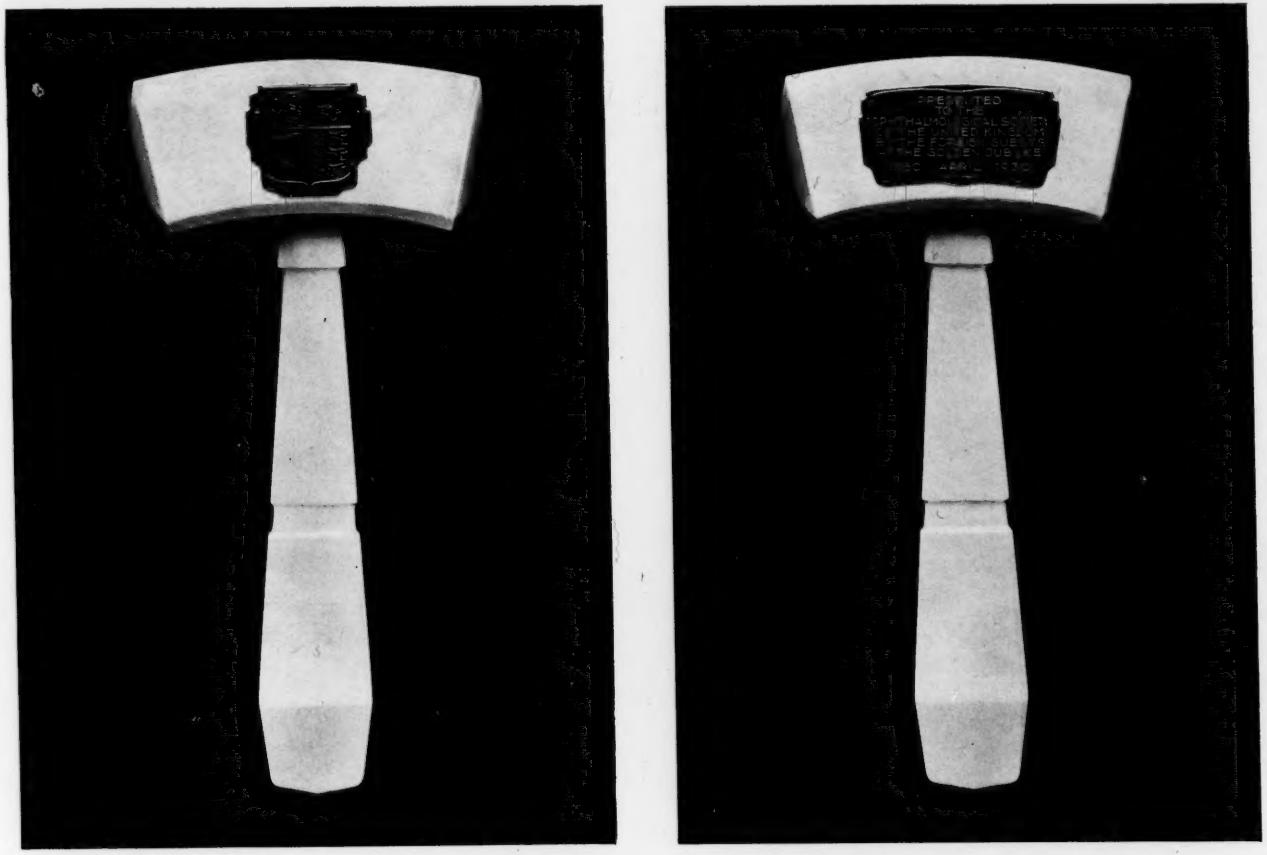
PROFESSOR VAN DER HOEVE read an interesting paper on " The Eye and Amnion Bands." He described the relation between facial defects and abnormalities of the lacrymal passages caused by the

To
The Ophthalmological Society
of
The United Kingdom
in
Honour of the Jubilee Year
and
in full admiration of the great work accomplished by the Society during the past fifty Years
The Ophthalmological Society
of
Copenhagen
offers hearties Congratulations, and best wishes for future activities.
April 1930.

Til
The Ophthalmological Society
of
The United Kingdom
i
Anledning af dets Jubilæum
og
i fuld Beundring af det store Arbejde, Selskabet har udført i de forløbne 50 Aar sender
Det Oftalmologiske Selskab
i
Kobenhavn
sine hjerteligste Lykønskninger samt bedste Ønsker for dets fremtidige Virke.
April 1930.

Photograph of the Address presented to the Ophthalmological Society of the United Kingdom on the occasion of the Fiftieth Anniversary by the Council of the Ophthalmological Society of Copenhagen.

Photograph of the Address presented to the Ophthalmological Society of the United Kingdom on the occasion of its Fiftieth Anniversary by the Council of the Ophthalmological Society of Sweden.



Photograph of the President's gavel presented by the foreign guests attending the Jubilee Meeting in April, 1930, to the Ophthalmological Society of the United Kingdom on the occasion of the Banquet at the Fishmongers' Hall in celebration of the Fiftieth Anniversary of the Foundation of the Society.

presence of amnion bands, which by pressure had brought about an arrest or failure of development of structures in their vicinity. Some interesting photographs were shown to illustrate these defects in association with the presence of an amnion band and remnants of foetal membranes.

PROFESSOR G. MARQUEZ read a paper on " La Theorie Stereoscopique des Anaglyphes " illustrated by stereoscopic slides.

MR. CHAVASSE gave a survey of the existing theories of convergent concomitant strabismus, together with some observations on the antiquity of stereopsis. He criticised the " accommodation," the " muscular," and the " fusion faculty " theories. He believes that a number of convergent squints are due to paralysis at birth, the paralytic squint masquerading as concomitant. He showed statistics of the ratio of convergent strabismus to a refractive error in 200 normal children and in 200 squinting children. The higher the hypermetropia the greater the liability to squint, but there is no relation between hypermetropia and the degree of squint. In his opinion the accommodation theory is not supported by tests and has little to do with squint. He believes that a departure from the normal refraction and ocular inequality are of primary importance, and that not one anomaly but various anomalies may cause a squint.

PROFESSOR VAN DER HOEVE and DR. MADDOX took part in the discussion.

MISS MANN read a paper on " The Reptilian Iris " which was illustrated by numerous beautiful hand paintings. Five types of vascular pattern were demonstrated. This work has been done on telapins, geckos, lizards, snakes, and frogs.

DR. GORDON HOLMES read a paper on the " Spasm of fixation," which was of great interest from a neurological point of view.

DR. ADIE gave an account of his experience with 92 patients suffering from acute retrobulbar neuritis in disseminated sclerosis. 34 per cent. of these showed definite signs of disseminated sclerosis, 50 per cent. complained of mistiness of vision.

SIR ARNOLD LAWSON gave a further note on a case of bilateral symmetrical detachment of the retina with 6/5 vision (Rep. in Vol. XLIV, p. 96, *Trans. Ophthal. Soc. U.K.*).

MR. BERNARD CRIDLAND made some comments on the certified causes of blindness. He suggested that a true record should be kept of all such cases, stating the cause of the blindness, and that certificates should be signed only by medical men trained in ophthalmology.

MR. AFFLECK GREEVES gave a survey of the value of X-ray therapy in superficial keratitis.

MR. DOGGART described some cases of ocular rosacea and discussed the treatment of this condition.

Photograph of the President's gavel presented by the foreign guests attending the Jubilee Meeting in April, 1930, to the Ophthalmological Society of the United Kingdom on the occasion of the Banquet at the Fishmongers' Hall in celebration of the Fiftieth Anniversary of the Foundation of the Society.

MR. RIDLEY gave an account of his experimental work in connection with the intra-ocular pressure and the drainage of the aqueous. Specimens were demonstrated in the museum of the Congress.

MR. G. F. ALEXANDER read a paper on " Discission of after-cataract." He recommends extraction of the after-cataract instead of needling in cases where the capsular remnants are thick.

DR. ROSA FORD described the method she adopts for scotometry at two metres.

Exhibition.—There was an exhibition of optical apparatus by the dispensing opticians, and surgical instruments by John Weiss & Son, Ltd.

Museum.—Pathological specimens and slides showing morbid histology were on view together with other objects of interest.

Reception by the President and Council of the Royal College of Surgeons at the Royal College of Surgeons.—On the first evening of the Congress a reception was given at the Royal College of Surgeons. The visitors were received by Lord Moynihan, the President, and Mr. C. H. Fagge and Mr. Warren Low, the Vice-Presidents. Sir D'Arcy Power and the curators had collected and displayed instruments, books, engravings, spectacles and other objects of historical interest to ophthalmic surgeons. Sir William Bowman's microscope was there together with a collection of his slides demonstrating the anatomy and morbid histology of the eye.

The Congress Banquet.—This banquet was held at Fishmongers' Hall. Mr. Leslie Paton presided and 150 were present. The President proposed the " Health of the Society " and traced its history back to a little group of energetic men who used to meet in the house-surgeon's room at Moorfields to discuss ophthalmic matters.

There were 114 original members of the Society, of whom 11 were still alive, and two of them, Sir Thomas Barlow and Mr. J. B. Lawford, were present.

Sir Thomas Barlow gave an account of the Society in its early days.

Sir John Parsons in a witty speech proposed the health of the Bowman Lecturer, and Sir Arthur Keith, in reply, praised the ophthalmological schools in this country.

Mr. J. H. Fisher proposed the health of the guests, to which Professor van der Hoeve made a charming response, and in the name of the foreign visitors presented the Society with an ivory gavel suitably inscribed.

Sir John Bland-Sutton also responded for the guests.

The President's health was proposed and thanks were expressed to the Prime Warden of the Fishmongers' Company whose splendid hall gave a dignified setting to such a memorable occasion.

The final event of the Congress was a visit to the Zoological Gardens, where Miss Mann demonstrated the slit-lamp appearances of the reptilian iris and the fundi of frogs and lizards. The visitors were entertained to tea in the Fellows' Pavilion.

H. B. STALLARD.

ABSTRACTS

I.—UVEAL TRACT

(1) **Heckel, Edward B.** (Pittsburgh, Pa.).—**Diphtheria antitoxin in large doses for sympathetic ophthalmia.** *Arch. of Ophthal.*, January, 1928.

(1) **Heckel** recognises two types of sympathetic ophthalmitis, the first consisting of anterior uveitis with more or less occlusion of the pupil, the second of neuro-retinitis, the pupil remaining quite clear. Two cases of each type are described in the text. The first was interesting in that sympathetic ophthalmitis developed although the exciting eye was removed within a fortnight of the injury, vision being reduced by neuro-retinitis to counting fingers at four feet. 3,000 units of diphtheria antitoxin were given and repeated four times with such improvement in vision, that 6 weeks after the appearance of the disease it came up to 20/20. Seven months later the vision was the same. The second case was also of the neuro-retinitic type with reduction of vision to 10/200. He was treated first with neo-salvarsan then with mercury, and vision became 20/30 going down again four years later to 5/200. Injection of diphtheria antitoxin and the administration of mercury resulted in improvement up to 20/200. The third case was given 5,000 units daily for 10 days with possibly some visual improvement and the fourth case 20,000 units daily for 7 days which resulted in an improvement of vision from 2/200 to 6/200.

F. A. W.-N.

(2) **Brown, Albert L.** (Cincinnati).—**Subconjunctival injections of atropin and adrenalin in iridocyclitis.** *Amer. Jl. of Ophthal.*, February, 1929.

(2) **Brown** advocates the subconjunctival injection of adrenalin and atropine in cases of iridocyclitis with unyielding synechiae.

The technique is as follows:—The eye is anaesthetised with five drops of 10 per cent. holocaine and an injection is made under the conjunctiva of the limbus at a point near the synechiae. The injection consists of m. iv of adrenalin (1:1,000) and m. i of 2 per cent. atropine solution. The adrenalin acts probably in two ways as an adjuvant to the atropine: (1) It diminishes vascular congestion and so prevents the atropine being carried away by the blood stream. (2) It acts as a direct stimulant of the dilator muscle of the iris.

F. A. W.-N.

(3) **Cange, A. (Algiers).—The white nodules of the keratitis and iritis of leprosy. (Les "Grains blancs" de la Kératite et de l'Iritis lépreuses.)** *Arch. d'Ophtal.*, July, 1929.

(3) Two cases of the tuberculous type of leprosy, of which clinical notes are given, have furnished **Cange** with opportunities for careful examination of the minute white nodules found in the cornea and iris in leprosy, with the corneal microscope. These lesions under ordinary examination may escape notice; by the unaided eye, or even by the aid of a binocular loupe, the appearances may be indistinguishable from those met with in certain forms of diffuse interstitial keratitis and of plastic iritis with synechiae and exudation. But investigation by means of the corneal microscope discloses lesions of special character and significance. It is then possible to establish the presence in the parenchyma of the cornea, or on the surface of the iris of uniformly rounded brilliantly white granular formations, sometimes prominent, and "about the size of the head of a small pin." They are irregularly distributed and may be compared to minute drops of wax or small grains of raw tapioca. Cange believes that these "grains blancs" are pathognomonic of leprous keratitis and iritis.

Two illustrations of an iris so affected are appended.

Morax, Gabriélidès and others have recorded cases of leprous keratitis in which numerous small, round white spots were visible in the cornea and iris by ordinary methods of examination: in both tissues the bacillus of Hansen was easily demonstrable, but Morax felt himself unable to affirm that the minute nodules on the surface of the iris represented encysted microbic colonies. Cange maintains that it may be considered as established:

(1) That there exists a close relationship between the large macroscopically visible white spots of leprous keratitis and the minute white nodules ("grains blancs") distinguishable only by the corneal microscope.

(2) That both are in definite relation to the bacillus of Hansen.

(3) That their characteristic appearance confers upon them a real diagnostic value.

J. B. LAWFORD.

II.—PHYSIOLOGY

Duke-Elder, W. S. (London).—An address on the clinical application of the newer conceptions in the physiology of the eye. *Lancet*, January 4, 1930.

Duke-Elder's Mackenzie Memorial Lecture, delivered at the Glasgow Eye Infirmary, is published at full length in the *Lancet*, in which journal it will receive wide appreciation from medical men in general but more particularly, perhaps, from the author's own side of the profession. A lecture or article of which no single line appears to be superfluous and which gemlike emits rays of fact and suggestion from numerous facets can only be appreciated fully by those who read it—and read the whole of it—with inside knowledge of the importance of the investigations which are there, as it were, crystallised.

The author commences by dividing the history of ophthalmology (modern ophthalmology that is) into five periods commencing with the period of Mackenzie. This period he calls the age of clinical intuition. The second is the ophthalmoscopic age, associated with the name of Helmholtz. The third is the age associated with the microscope and Bowman. The fourth is the age of Gullstrand and the slit-lamp, while the fifth is the age of physiology and biochemistry with which doubtless the author's own name will be largely associated. Duke-Elder, who, rightly perhaps, does not look upon the tonometer as epochmaking, since he does not mention it at all, considers that while the ophthalmoscope and the microscope have told us most of their secrets and the slit-lamp has not created a new revolution, man is turning to physiology and biochemistry for the next stage of progress. The account of the author's numerous, and largely already published investigations made from this standpoint, is so condensed and full of facts ascertained that the reviewer, after many attempts, has given up the hope of making an abstract which would require, in order to be intelligible, at least half the space occupied by the original. He must perforce leave on one side the account of the laboratory work here presented in such condensed form and pass to the author's views as to its clinical applications. Even so, this abstract will be useless without an account in the author's words of what is described in a long paragraph as " A New Point of View." This paragraph will now be given practically textually.

" We all know of the clinical picture presented to us by Mackenzie; we have seen the eye through the ophthalmoscope of Helmholtz, the microscope of Bowman, and the slit-lamp of Gullstrand. I want to put before you a further picture; I am going to ask you to look at ophthalmology with the eyes of a chemist and physiologist. I shall ask you to look upon the eye, not as an

organ built up of a few component parts—of three outer tunics and three inner humours—but to look within and beyond this picture to something more fundamental, to lose your accustomed sense of magnitudes, and see an infinitude of molecules and atoms, each inordinately busy travelling in its own appointed path, each running within the limits of certain laws, and controlled by complex but unalterable forces: the whole assemblage partitioned off by membranes through which in certain circumstances they may pass, semi-isolated but co-ordinated, so that they all together comprise a teeming biochemical factory complete in itself, but at the same time working in harmony with the larger biochemical factory of the body of which it forms a part. The most fundamental thing which has occurred in biochemistry in recent times is the establishment by Prof. F. G. Donnan of the laws which govern the passage of dissolved substances through membranes. The whole body is divided up into cells, each separated by membranes from its neighbours, and even within the cell itself there is a complexity of potential membranes. All the active constituents of the body are dissolved in watery solution, and hence it follows that all the activity which takes place, and all the means of communication between the individual cell-units, must necessarily resolve itself into a question of the passage of dissolved substances through membranes. The matter, however, is not so simple as at first sight it may appear, for the membranes, as a rule, allow only the smaller molecules to pass through them and keep the larger ones behind. . . . . Moreover, we know that each molecule of salt in solution is broken up into two ions, each of which carries an electric charge—the one a positive charge and the other a negative. Since, therefore, a free diffusion of all ions equally is precluded by the semi-permeability of the membranes, this rearrangement and difference in concentration at once involves the development of hydrostatic, osmotic, and electrostatic forces. Stability and equilibrium can only be reached when all these forces are made to balance, the one compensating for the other. It is the interaction and rearrangement of these forces which is necessary to prevent the occurrence of an explosion, as it were, that constitutes a thermodynamical equilibrium.

" We will see more clearly what is entailed by this conception when we take a specific instance; but I should like to divide the whole of the vegetative physiology of the eye into four such equilibria: (1) The equilibrium between the blood plasma in the capillaries and the intra-ocular fluid. (2) The equilibrium between the intra-ocular fluids and the vitreous body. (3) The equilibrium between the intra-ocular fluids and the lens. (4) The equilibrium between the blood plasma in the choriocapillaris and the sensory epithelium of the retina."

Coming now to the clinical applications, these in the present

lecture are confined to glaucoma, retinal detachment (idiopathic), vitreous opacities and cataract. Inflammatory conditions are not here considered: their pathology resembles that of similar conditions in other organs of the body. Apart from these almost all of the major diseases of the eye resolve themselves into exercises in physico-chemistry. Thus glaucoma in the author's view is not a condition primarily of raised tension. Raised tension, while it is the most frequent and obvious manifestation, is the result of " an upset of the entire internal economy of the eye, most usually of a physico-chemical nature," but it is to be regarded as a rule as the last link in a chain which determines mechanically the final crisis of the disease. " There are probably two main factors in the aetiology of this disease, two factors which perhaps determine two types of the disease. Pathologically these two types are evident; the one wherein the uveal vessels are dilated and are surrounded by an abundant exude (*sic!*) of fibrinous coagulum; the other where the uveal tract and all the tissues of the eye are compressed and flattened by a swollen vitreous body." The author elaborates this statement at some length and the argument must be studied in the original. But there is one point which must be given here, namely, that " the clinical picture in many cases of acute glaucoma and frequently of chronic glaucoma, strongly suggests that a swelling of the vitreous body is of primary importance. The shallow anterior chamber, the obvious pushing forwards of the lens and iris, the thinning of the choroid and compression of the retina, combined with the fact that in quite a fair percentage of cases the angle of the iris appears to be pathologically free, points to this conclusion. If a damming back of fluid at the filtration channels were the primary cause we would look for a deep anterior chamber owing to the retention of the aqueous humour."

The paragraph on idiopathic retinal detachment cannot adequately be dealt with in an abstract, beyond saying that the author regards it as resulting directly from changes of the opposite kind (*i.e.*, from those in glaucoma), being probably preceded and accompanied in the great majority of cases by shrinkage and liquefaction of the vitreous gel. (Shrinkage of the vitreous is no new theory of retinal detachment but the author here follows out in detail what he considers to be the exact mechanism.—E.T.) It follows from the view here taken that the treatment is ideally by physico-chemical means; by bringing about " a solidification and returgescence of the gel which will push the retina by pressure from behind back into place and retain it there."

With regard to vitreous opacities the following is a synopsis mainly in the author's own words. Experimentally the vitreous in normal condition is a gel in a high state of turgescence and is extremely labile. It behaves similarly to a gel of gelatin when it is saturated beyond its solubility limit, under which circumstances

the gelatin turns into an opaque suspension. The vitreous can be transformed into a fluid solution by any slight interference. This " gel-sol " transformation is accompanied by the formation of a cloud of minute punctiform opacities and by the separation of the highly gelable residual protein into long films and strands. (For an explanation of " residual protein " see p. 6 of the article, under heading " Vitreous Body," at line 10.—E.T.) We have thus one form of vitreous opacities explained. Such opacities are caused by breakdown of the vitreous itself, such as would be caused by low grade toxins or mild inflammatory processes. Such opacities are autogenous as opposed to exogenous, which latter term may be applied to opacities derived from inflammatory products from the ciliary body, choroid or retina.

With regard to cataract the author had a good deal of interesting matter under the heading of the " third equilibrium," that between the ocular fluids and the lens. Dealing now with " clinical applications " he says, " Cataract as we have seen is another purely physico-chemical problem—the denaturation, hydrolysis, and coagulation of the proteins of the lens—and the essential opacities which occur in the cornea seem to be of the same nature."

The author in drawing to a close gives a warning to us not to expect too much from " a number of sign posts leading no one knows whither." We are mainly at the stage of work, and work largely in the dark, relieved only by hopes and aspirations. He is trying, he says, to suggest a new point of view. " Hitherto we have tended to make too much, I think, of the structural ruins which disease has left behind it, and we have failed to see the deeper and more subtle nature of the initial defect."

ERNEST THOMSON.

III.—BACTERIOLOGY

(1) **Browning, S. H.** (**London**).—**Interpretation of reports on lesions of the eye**. *Lancet*, February 1 and 8, 1930.

(1) This article is one of the current series, contributed to the *Lancet* by request, under the heading " Clinical Interpretation of Aids to Diagnosis." It is probable that never previously has the general medical public, including the ophthalmic portion, been presented with such a concise and definite statement of the relationship between the laboratory and the clinical sides of eye work. Of more importance even than the definiteness of the statements (incorrect statements may be definite enough) is the fact of the very long experience of **Browning** with the work at Moorfields. He has, as it were, grown up with *eyes*, so that, in very truth, no

greater authority on the subject of the relationship between bacteriology and ophthalmology is to be found in this country. Some of Browning's statements may be quoted in order to show the helpful nature of the articles. " Organisms such as staphylococcus aureus, streptococci or pneumococci are pathogenic, and their presence forbids operation." " I have never seen a panophthalmitis due to the Morax-Axenfeld bacillus or to the micrococcus catarrhalis and with the pneumo-bacillus only following gross infection. . . . I have never seen an intra-ocular infection due to the Morax-Axenfeld diplobacillus." Browning refers to the value of the finding of the Koch-Weeks bacillus in cases which might excusably be suspected of being gonorrhoeal in origin, and has something of much interest to say about the pneumococcus. This organism has been found in all sorts of eye conditions with increasing frequency during the last 15 years, and is now almost the commonest organism found in diseased eyes. The fact that it is found in eyes which look perfectly healthy constitutes the danger of operation for cataract without bacteriological investigation. Further, " Now that gonorrhoeal ophthalmia in the new-born baby is comparatively a rare disease, the pneumococcus is the organism most frequently found in ophthalmia neonatorum and is often associated with many other organisms." Here is a paragraph on the gonococcus which deserves quotation. " When the gonococcus is found in the conjunctiva of an adult it must be remembered that the infection is almost invariably carried from an already existing urethritis. . . . It is an interesting fact that I have never seen ophthalmia during an epidemic of vulvo-vaginitis in children's wards." Later on in the article when dealing with iritis there comes this statement " In women gonorrhoeal iritis is extremly rare. I have never seen a case." The coincidence seems curious at the first glance and until one realises that the author perhaps implies that the vulvo-vaginitis in children is non-gonococcal, in which case there is no linkage at all between the facts; and even if the conjunctiva were infected with gonococcus from the vulva this would presumably be direct infection. But the immunity of women from gonorrhoeal iritis still seems to remain unexplained. The author does not enlarge, he merely records his experience. When dealing with the staphylococcus aureus and the postponement of operation it is indicated that oxycyanide of mercury 1 in 8,000 to 1 in 5,000 is the antiseptic lotion of choice. Fresh cultures should be made after a course of treatment and when the conjunctiva has been free from antiseptic for 24 to 48 hours. Vaccines are advised in the treatment of chronic staphylococcal infections, especially chronic styes and blepharitis. Speaking of the Klebs-Loeffler bacillus the author advises the local application of antidiphtheritic serum as well as its general administration. " When the decision is made to use

serum it should be given at once and in large doses." Bacillus pyocyaneus is almost always fatal to the eye. Especially in children it should be looked for in the discharge from chronic diseased ears. Contrary to previous opinions infection is rarely metastatic. Here is another valuable piece of advice. " A chronic conjunctivitis, with pus, which resists all ordinary treatment, and especially when more pus is present than the severity of the conjunctivitis seems to warrant, suggests the advisability of investigating the canaliculi for concretions " of streptothritic origin. Browning then compares syphilitic and vaccinal sores on the eyelids and relates his own first experience of confusing the latter with the former, an experience which all who deal with considerable numbers of eye cases must have had. The paragraph on tuberculous infection had better be given in full. " Tuberculous infection of the conjunctiva cannot, as a rule, be diagnosed with certainty without a guinea-pig inoculation, though the bacillus can sometimes be found in scrapings or fragments of the suspected lesion. These infections of the conjunctiva by the tubercle bacillus are almost invariably air-borne or derived directly from tuberculous material—*e.g.*, spray infection from sputum or direct infection from tuberculous milk in milkers or cowmen. Prognosis in these cases is good if advantage is taken of the combined treatment by tuberculin, surgery and light treatment, but tuberculin should always be used for a period before the condition is dealt with surgically." As to spring catarrh it is considered that the presence of eosinophiles in the conjunctival secretion is pathognomonic.

The second and shorter article deals with the interpretation of tests such as the Wassermann and von Pirquet. The following remark is significant. " The modern tendency to rely more and more on laboratory tests, and less and less on clinical experience and knowledge imposes a responsibility on the bacteriologist which is unfair both to him and to the patient. It must be reiterated that laboratory tests, no matter how reliable, form only part of the data essential for correct diagnosis." The reports on cases with iritis are, says the author, particularly difficult. There are many possible causes and, granted that iritis and iridocyclitis are, as a rule, the result of toxic irritation due to some distant septic focus and that it is rare to examine a patient without finding some septic focus in tooth, nose, sinus, tonsil, or antrum, the difficulty with such cases is obvious. Earlier in this abstract the author's experience with regard to gonorrhoeal iritis in women was referred to, but in men it is otherwise. " The history of gonorrhoea, however, is not enough, and in my V.D. department all the other causes of iritis are gone into before the patient is examined for evidence of an old gonorrhoeal infection. Gonorrhoeal iritis seldom

occurs during the acute urethritis stage of the disease, and the average time after the acute attack of gonorrhoea at which the iritis appeared worked out at 9 years in one series of 250 cases, and 14 years in another." The paragraphs on the examination of the material obtained by prostatic and vesicular massage and on the relation between so-called rheumatic iritis and the gonococcus had better be read in the original. One more quotation may be given, namely the opening sentence on the tests for tubercle. "The tests for tuberculosis of the eye are few, and of little real value as proof tests," and the final sentence on this subject (the last sentence also of the article), "The presence of a positive von Pirquet test does not mean that the eye condition is a tuberculous one."

ERNEST THOMSON.

CORRESPONDENCE

BEDS OCCUPIED IN OPHTHALMIC AND GENERAL HOSPITALS

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—In order to get a true perspective of the ophthalmic work done in Great Britain it is useful from time to time to look up some statistics about the leading eye hospitals in that excellent publication Burdett's "Hospitals and Charities."

Extracting a few figures dealing with the question of the size of the eye hospitals in the provinces and in London for the year 1929, they are as follows:

	No. of beds.	Average No of beds constantly full.	No. of in-patients.	No. of out-patients.
Moorfields	138 (only 120 occupied)	113	2,581	45,116
Royal Westminster Ophthalmic Hospital	86	—	—	—
Central London Ophthalmic Hospital	40	28	625	14,473
Royal Eye Hospital	46	33	666	22,803
Western Ophthalmic Hospital	36	—	—	—
Manchester Royal Eye Hospital	148	119	2,536	32,809
Birmingham Eye Hospital ...	115	73	1,871	43,648
Glasgow Eye Infirmary ...	110	92	1,901	32,053

This table brings out very clearly the large size of the provincial ophthalmic hospitals. Somewhat to one's surprise it shows that the Manchester Royal Eye Hospital is the largest eye hospital in Great Britain and possibly in the world.

Someone might object to this statement and say that with eye hospitals the number of new out-patients seen during the course of the year is a better criterion of efficiency than the number of beds available for in-patients.

Hospitals, however, have always been measured by their bed strength and not by the number of patients seen.

I have omitted the figures of my own hospital the Royal Westminster Ophthalmic Hospital and also those of the Western Ophthalmic Hospital as both of these institutions have been in the throes of rebuilding and have not been fully open the whole period, consequently their figures are not normal.

The table brings out the fine average of beds kept constantly full enjoyed by Moorfields.

It also shows the more generous in-patient treatment as compared to the number of out-patients which is enjoyed by the Manchester citizen.

Yours faithfully,

ADRIAN CADDY.

LONDON,
March, 1930.

"LEAH, TENDER OR SORE-EYED"

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—The subject of Leah's eyes referred to in a note in the journal for April (p. 190) is one that presents considerable difficulty to Bible scholars. In the original Hebrew Leah's eyes are described as being רכות and this adjective has had a wide variety of interpretations, as can be seen from the different meaning attached to it in the standard translations.

The reading of tender-eyed in the authorised version is supported by the French version in the Hexaglot Bible: " Mais Léa avait les yeux tendres, et Rachel était de belle taille et belle à voir." The authorised German version, on the other hand, agrees with the Septuagint in regarding Leah as weak-sighted. " Aber Lea hatte ein blödes Gesicht, Rachel war hübsch und schön." The septuagint version of *ασθενεῖς* is rendered as weak-eyed in Brenton's translation: " And the eyes of Leah were weak. But Rachel was beautiful and exceedingly fair in countenance," but it must be

remembered that in the New Testament *ασθενεῖς* often stands for sick (*e.g.*, Matthew, xxv, 39, 43, 44; Luke x, 9, etc.). From these various translations it is therefore possible to regard Leah as being the possessor of eyes that were either tender, weak or sick. It cannot be argued that the original Hebrew implies disease, for the adjective does not appear to be used in this sense anywhere. In Genesis xxxiii, 13, it is used to imply tender " My Lord knoweth that the children are tender, and the flocks and herds with young are with me: and if men should overdrive them one day, all the flock will die." Elsewhere (II Samuel, iii, 39) the listlessness of exhaustion rather than sickness is implied, especially as the contrast of hardness is used: " And I am this day weak, though annointed king, and those men . . . be too hard for me." Weakness in the metaphorical sense is implied in Deuteronomy xx, 8, where fainthearted is the translation used: " What man is there that is fearful and fainthearted, let him go and return to his house."

John Skinner in his commentary on Genesis (The International Critical Commentary: Genesis, p. 383) holds that Leah's eyes lacked in the lustrous brilliancy which is accounted a feature of female beauty in the East. A similar view is expressed by Knobel, who points out that among " Oriental peoples and especially amongst Arabs, vivacious, fiery, clear and expressive black eyes, which they love to compare to the eyes of the gazelle, are considered as the most important feature of feminine beauty " (quoted by L. Kotelmann, *Die Ophthalmologie bei den Alten Hebräern*, 1910, p. 144).

Such a view has much to commend it. The preoccupation with the eye in the scheme of beauty of oriental nations is well illustrated by that epic of oriental passion, the " Song of Songs " (" Behold thou art fair, my love; behold thou art fair; thou hast dove's eyes." " Thou has ravished my heart with one of thine eyes "). And in the paradise of the Koran damsels with black eyes figure prominently. It must also be remembered that the eye shares with the heart the popular fancy of having all sort of charms and virtues ascribed to it; and just as it is unwise to assume vascular sclerosis when the Bible speaks of a hard heart, or myocardial flabbiness when the softhearted are discussed, so it is unsafe to assume organic ocular disease when there is a vague reference to weak eyes. Unless there is strong reason to the contrary, it is a safe rule to regard all references appearing in non-technical literature and bearing on the eye or heart, as being purely metaphorical. One Jewish commentator (Raschi) holds that Leah's eyes were weak from weeping, and that she wept because she feared she would have to marry Esau instead of Jacob. Here is a rather pathetic case of weak eyes due to a broken heart.

One curious piece of evidence rather goes against the metaphorical theory. In Yiddish Leah's eyes have a proverbial significance, which is used to imply any disfigurement affecting the eyes. It should be interesting to know the antiquity of this proverbial usage.

Yours faithfully,

X.Y.Z.

NOTES

The William Mackenzie Medal, 1929.

THE William Mackenzie medal for outstanding contributions to ophthalmology in 1929 has been awarded to Professor J. van der Hoeve, of Leiden, Holland.

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The Oxford Ophthalmological Congress, 1930.

THE Twentieth Annual Meeting of the Oxford Ophthalmological Congress will be held at Oxford on July 9 to 12, 1930. The following preliminary arrangements have been made:—July 10, in the morning, Symposium on "Toxic Amblyopia," to be introduced by Dr. H. M. Traquair; Sir E. Farquhar Buzzard, Bart., K.C.V.O., Regius Professor of Physic in the University; and Dr. J. A. Gunn, Professor of Pharmacology at the University. On the afternoon of the same day Sir Oliver Lodge will give an address entitled "Modern Theories on the Nature of Light." The Doyne Memorial Lecture will be delivered on the morning of July 11, by Dr. Harry Friedenwald, of Baltimore; the subject being "Pathological Changes in the Retinal Blood Vessels and their Significance." An address will be given by Professor Arthur Schüller, of Vienna, on "Recent Developments in Radiology associated with Ophthalmology." An address will also be given by Professor Jules Gonin, of Lausanne, on "Detachment of the Retina and its Treatment." In addition the following have promised papers:—Dr. Leighton Davies, Dr. Bernard Samuels, of New York, Dr. de Courcy, of Liverpool, and Dr. J. A. van Heuven, of Utrecht. The Friedenwald ophthalmoscope will be demonstrated. The Annual Dinner will be held in Keble College Hall on July 10. The Hon. Secretary of the Congress is Mr. C. G. Russ Wood, of Shrewsbury.

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Appointments.

MR. L. H. SAVIN has been appointed Ophthalmic Surgeon to the Metropolitan Hospital.

Dr. E. V. Srinivasan has been appointed Hon. Ophthalmic Surgeon to the Government Royapettah Hospital, Madras.

Dr. W. H. Kiep has been appointed Specialist Medical Referee under the Workmen's Compensation Act, 1925, for ophthalmic cases in the Bradford, Keighley, Skipton and Settle, Halifax and Huddersfield County Courts.

* * * *

The Chevalier Taylor's Coat-of-Arms.

THE hand-painted bookplate of the Chevalier Taylor, reproduced in Mr. Wood's article in this number may be blazoned as follows:— Ermine, on a chief indented, azure, three escallops, or. Crest, a demi-lion rampant holding between the paws an escallop, or. It would seem that the Chevalier usurped the coat of another Taylor family. Burke's General Armoury gives the same coat with the chief sable instead of azure as granted in 1674 to a Taylor family of Lancashire and London.

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Société française d'Ophtalmologie.

THE Société française d'Ophtalmologie will hold its Annual Congress at the Faculté de Médicine, Paris, on May 12, and following days. MM. Duverger and Velter will open a discussion on "Biomicroscopy of the lens in normal and pathological conditions"; an excursion to Chantilly and Royaumont has been organised for May 13, on which day the annual banquet will be held. The Secretary is Dr. René Onfray, 6, Avenue de la Motte Picquet, Paris.

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International League for Campaign against Trachoma.

AN International League for Campaign against Trachoma was founded at the XIIIth International Ophthalmological Congress.

The president, Prof. Dr. Emile de Grosz and Dr. F. Wibaut, the secretary of the League were entrusted with the formation of a committee composed of the delegates of the Ophthalmological Societies. These Societies up to February 28 have nominated 49 delegates (*vide infra*).

The next meeting will be held on July 26 at Geneva. Delegates will receive invitations and a full outline of the programme by May 31.

Germany: Drs. Birch-Hirschfeld, Krückmann, Meisner, and Schiek. *South America*: Dr. Arganaraz. *Great Britain*: Mr. Mayou and Mr. MacCallan. *Austria*: Drs. Fuchs and Hanke. *Belgium*: Drs. Brandès and Hambresin. *Bulgaria*: Dr. Pascheff. *Denmark*: Drs. Lundsgaard and Anderson. *Egypt*: Dr. Tewfik. *Spain*: Drs. Marquez and Poyales. *Estlande*: Dr. Poppen. *France*: Drs. Morax, Petit, Aubaret and Bailliart. *Finland*: Dr. Grönholm. *Greece*: Dr. Lyritzas. *Holland*: Drs. Wibaut and Bakker. *Hungary*: Drs. de Grósz and Blaskovics. *Italy*: Drs. Maggiore, Baslini, Angelucci, and Lodato. *Irish Free State*: Dr. Lavery. *Japan*: Drs. Komoto, Miyashita, Ishihara, and Suda. *Lithuania*: Dr. Avizonis. *Norway*: Dr. Schiötz. *Poland*: Drs. Szymanski and Zachert. *Roumania*: Drs. Manolesco and Pandalesco. *Russia*: Drs. Awerbach and Tschirkowsky. *Sweden*: Dr. Lindblad. *Czecho-Slovakia*: Drs. Elschnig and Kadlicky. *Yugoslavia*: Dr. Lussich-Matkovic.

FUTURE ARRANGEMENTS

1930

June 3.—Midland Ophthalmological Society, at Worcester.
June 13.—Section of Ophthalmology, Royal Society of Medicine. (Annual Meeting.)
July 10-12.—Oxford Ophthalmological Congress, at Oxford.
August 26-29.—British Medical Association, at Winnipeg.
October 7.—Midland Ophthalmological Society, at Birmingham.
December 2.—Midland Ophthalmological Society, at Birmingham.

CONTEMPORARY OPHTHALMIC LITERATURE

American Journal of Ophthalmology. *March, 1930.*

KEY. A case of epibulbar basal cell carcinoma with penetration of the globe.
SCHWARTZ. Subhyaloid haemorrhage.
WALKER. Lesions of the chiasmal region.
MCKEE. Recent advances in ophthalmology.
SAFAR. The extraction of senile cataract in the capsule (summarized translation).

Archives of Ophthalmology. *February, 1930.*

FUCHS, E. Development of ophthalmology in Europe.
ODENEAL. A new astigmatic chart.
O'CONNOR. Exenteration of the ocular contents by a new technique.
EVANS. An interpretation of defects in the visual field
PISCHEL. Tattooing of the cornea with gold and platinum chloride.
FRIEDENWALD. Permeability of the lens capsule, with special reference to the etiology of senile cataract.
BELL. Iridotasis for primary and secondary glaucoma.
BURNHAM. Sympathetic ophthalmia: the successful treatment of a patient with an acute case.

Annales d'Oculistique. *February, 1930.*

WEILL. The puncture in the operation for senile cataract.
REDSLOB. Neuro-epithelial hyperplasia in a detached retina.
AMSLER. Markers for Gonin's cautery puncture.
VALIÈRE-VIALEIX, BEYNES and THOUVENET. Enormous suppurating frontal mucocele with exophthalmos and hyperostosis of the neighbourhood.
BISTIS. Contribution to the ocular complications in intermittent fever.

Archives d'Ophtalmologie. *February, 1930.*

JEANDELIZE and BRETAGNE. The first stages of sympathetic ophthalmia diagnosed by bio-microscopy. The practical consequences of early diagnosis.
HUDELO. Mechanism of accommodation and diabetic myopia.
BISTIS. The rôle of the sympathetic in glaucoma.
MELANOWSKI. The conjunctival bridge in Lagrange's sclerecto-iridectomy.
PACALIN. Filaria of the upper lid.

March, 1930.

SHOJI. On a pigmented net on the posterior surface of the cornea.
PUSCARIU. Some considerations on sympathetic ophthalmia. Researches on pathogenesis and observations on two cured cases.
RUBRECHT. Closure of retinal tears.

Archiv für Augenheilkunde. *February, 1930.*

HAGEDORN. Research on the development of the eye. Pt. 2.
SONDERMANN. Research on the existence, physiology and pathology of the intra-ocular tension.

ELSCHNIG and GNAD. Standardisation of measurement of visual acuity.
LÖHLEIN. Investigation into pigment migration in the epithelial layer of the cornea and its meaning in the knowledge of epithelial regeneration
ZEISS. On the measurement of heat waves on the living human cornea.
ROELOFS and VAN DER BEND. Observations and researches on optokinetic nystagmus.
STEIN. The permanent results of cyclodialysis.
KUBIK. On the pathology of human cataract. Part i. Specific gravity of human lenses.
MÜLLER. On the amount of error in digital estimation of the intra-ocular tension and its meaning for this method.
KÜMMELL. Eye changes in Aleukia haemorrhagica.
SCHMIDT and DE DECKER. Experimental investigations on rebound hypotony in rabbits.
HEINE. Intra-ocular echinococcus.
FILATOW. A case of corneal transplantation.
POLEFF. On the conditions for local immunisation in eye infections.
BRINITZER. Short notice on the connection between refraction and heredity.

Klinische Monatsblätter fur Augenheilkunde. *February, 1930.*

IGERSHEIMER. On the pathology and therapeusis of tumours in the region of the chiasma.
VELHAGEN, Jun.—Eye syndrome resembling Basedow's disease in encephalitis.
NEMLICHER and RAPPOPORT. On a case of congenital pseudo-nuclear ophthalmoplegia (aplasia of the cortical eye centres). Clinical note on assorted paralyses of eye movements.
CORDS. Programme on the question of traumatic detachment of the retina.
LÖWENSTEIN and REISER. Observation on the treatment of thrombosis of the retinal veins.
ISSATCHENKO and FILATOW. On the clinical diagnosis of intra-ocular ossification.
FILIPPOW. On the question of spontaneous serous iris cysts.
HESSBERG. Further results of the fever treatment of syphilitic and particularly tabetic affections of the optic nerve.
PAPOLOCZY. Partial epithelialisation of the anterior chamber after Graefe operation for cataract extraction.
PFLIMLIN. Practical results with Panthesin (Sandoz).

March, 1930.

VOGT. Further advances with ignipuncture of the hole in retinal detachment.
POOS. Clinical investigations on the connection between osmosis, blood pressure and intra-ocular tension.
BOEN-LIAN. Phlyctens in catarrhal conjunctivitis, their histological structure and their connection with tuberculosis.
JAEGER. A hitherto undescribed form of conjunctivitis.
FILATOW. Keratitis Meibomiana.
VELHAGEN. On the minimal grade of microphthalmos.

Zeitschrift für Augenheilkunde. *February, 1930.*

MELLER. On the treatment of detached retina with ignipuncture.
KRASSO. Experimental and histological notes on the influence of a single irradiation with Bucky's ravs on the healthy rabbit's eye.
POLLNOW. Research on retinitis circinata and the appearance of hole at the macula.
GOLOWIN. Researches on the sub-vital processes in isolated eyes.
ROSENBLATT. On six cases of reduplication of the tear passages which are erroneously classed as particularly rare deformities.

March, 1930.

JUNIUS. The idea of inflammation in its old and new conception. Reference to its applicability to diseases of the middle of the retina.
KRASSO. On the physical influences of the genesis of intra-ocular tension.
SCHINDLER. Observations on bone tubercle in the orbit in old age.
GUIST. A lid speculum for intra-ocular operations.

Archivio di Ottalmologia. *January 1930.*

ROSSI. On this oculist.
——— On the electric equilibrium between calcium and potassium in the blood serum of trachoma patients.
FERRARI. Pathogenesis of spring catarrh.
DI FEDE. Aspergillosis of the cornea.

Bollettino d'Oculistica. *December, 1929.*

BARDANZELLU. Researches on the ocular tension of normal eyes of soldiers during Alpine manoeuvres.
NICOLATO. The existing connection between tuberculosis and phlycentular conjunctivitis.
HALBERTSMA. On two ocular anomalies which resemble each other but are, however, essentially different.
MORANA. Canaliculitis from micrococcus tetragenes.
CARMI. On the pathogenesis of black cataract.

January, 1930.

GENNARO. Cn visual disturbances at high altitudes.
MAZZEI. On the action of bismuth in tuberculosis of the eye.
BUSSOLA. Consideration of a case of retinitis punctata albescens.
LODDONI. The action of filtered tuberculosis virus on the eye.
MOTOLESE. Orbital phlegmon following acute dacryocystitis.

February, 1930.

GUALDI. Red vision in dazzling.
ALAJMO. Contribution to the pathological anatomy and the pathogenesis of hydrophthalmos.
ALIQUÒ-MAZZEI, Clinical and histopathological contribution to the study of spontaneous intracapsular absorption of senile cataract.
BUSSOLA. Clinical and anatomical study of sub-conjunctival lipoma.

March, 1930.

MENESTRINA. New interpretation of skiascopic phenomena.
CATTANEO. Neurogenetic superficial punctate keratitis of intermittent character.
DENTI. On the reconstruction of the orbit for the application of a prosthesis.
ACCARDI. Sarcoma of the orbit with giant cells.
DE LOGU. On an uncommon case of actino-mycotic conjunctivitis.
SALA. A severe case of corneo-conjunctival tuberculosis.

Archivos de Oftalmologia Hispano-Americanos.

March, 1930.

VALERO. Symptomatic ocular paralyses.
LLUESMA. Corneal involvement in acquired syphilis.

April, 1930.

MARQUEZ, M. On the great practical importance of crossed cylinders in the estimation of refraction.
GIL and BERANGER. Amaurotic family idiocy or Waren-Tay-Sachs disease.
MÁRQUEZ, G. Contribution to the study of congenital entropion.

Revista Oto-Neuro-Oftalmologica y de Cirugia Neurologica.

January, 1930.

BAILLIART. The relations between the arterial tension and the intra-ocular tension.
MONBRUN. Surgical diathermy in ophthalmology.

Revista Cubana de Oftalmologia. *February, 1930.*

CASTRESANA. The visual acuity in professional orientation.
MENDOZA. On the best method of operation for senile cataract.
BRAGE. Cataract operation with subconjunctival injection of adrenalin.
LÓPEZ. The pre-ophthalmoscopic period of Cuban ophthalmology.
GROS. On vestibular syndromes.